PERSEREC

Technical Report 18-04
February 2018

Postvention in the U.S. Military: Survey of Survivors of Suicide Loss from 2010-2014

Tiffany E. Ho, Kristin G. Schneider, Jessica A. Wortman, James G. Beneda, Marie M. Osborn, Tegan M. Smischney, Michael J. Schwerin, Catina M. Smith, Brandon L. Carlisle
Northrop Grumman Technology Services

Gwenyth M. Van Trieste, Joseph P. Caramagno
Human Resources Research Organization

Olga G. Shechter
Defense Personnel and Security Research Center
Office of People Analytics

Samantha M. Daniel
Center for Health and Resilience
Office of People Analytics

OPA
OFFICE OF PEOPLE ANALYTICS

Approved for Public Distribution
Defense Personnel and Security Research Center
Office of People Analytics

Technical Report 18-04 **February 2018**

Postvention in the U.S. Military: Survey of Survivors of Suicide Loss from 2010-2014

Tiffany E. Ho, Kristin G. Schneider, Jessica A. Wortman, James G. Beneda, Marie M. Osborn, Tegan M. Smischney, Michael J. Schwerin, Catina M. Smith, Brandon L. Carlisle
Northrop Grumman Technology Services

Gwenyth M. Van Trieste, Joseph P. Caramagno
Human Resources Research Organization

Olga G. Shechter
Defense Personnel and Security Research Center/Office of People Analytics

Samantha M. Daniel
Center for Health and Resilience/Office of People Analytics

Released by – Eric L. Lang

Defense Personnel and Security Research Center
Office of People Analytics
400 Gigling Road, Seaside, CA 93955

REPORT DOCUMENTATION PAGE

REPORT DOCUMENTATION PAGE	**Form Approved OMB No. 0704-0188**	

1. REPORT DATE:	2. REPORT TYPE Technical Report	3. DATES COVERED:
4. Postvention in the U.S. Military: Survey of Survivors of Suicide Loss from 2010-2014	5a. CONTRACT NUMBER:	
	5b. GRANT NUMBER:	
	5c. PROGRAM ELEMENT NUMBER:	
6. AUTHOR(S): Tiffany E. Ho, Kristin G. Schneider, Jessica A. Wortman, James G. Beneda, Marie M. Osborn, Tegan M. Smischney, Michael J. Schwerin, Gwenyth M. Van Trieste, Joseph P. Caramagno, Catina M. Smith, Brandon L. Carlisle, Olga G. Shechter, Samantha M. Daniel	5d. PROJECT NUMBER:	
	5e. TASK NUMBER:	
	5f. WORK UNIT NUMBER:	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Defense Personnel and Security Research Center 400 Gigling Road Seaside, CA 93955	8. PERFORMING ORGANIZATION REPORT NUMBER PERSEREC: PERSEREC-TR-18-04	
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)	10. SPONSORING/MONITOR'S ACRONYM(S)	
	11. SPONSORING/MONITOR'S REPORT NUMBER(S):	

12. DISTRIBUTION/AVAILABILITY STATEMENT: (A)

13. SUPPLEMENTARY NOTES:

ABSTRACT: Postvention refers to any activity that aims to alleviate the psychological pain of a suicide loss survivor and to reduce the harmful effects of suicide exposure, especially suicide contagion. The goal of this study was to determine whether suicide loss survivors have any unique psychological needs (compared to accident loss survivors) that are currently unmet by postvention services provided by the DoD. To address this, researchers administered a survey to survivors (next of kin [NOK] and fellow unit members) of suicide or accident loss that assessed survivors' usage of and satisfaction with DoD postvention programs and services as well as survivors' current psychological functioning. Results indicated that NOK and fellow unit members of Service members who died by suicide from 2010 to 2014 experienced significantly higher levels of shame and stigma compared to survivors of Service members who died in accidents (e.g., motor vehicle accidents) in the same time frame. This association was not mediated by differences in overall postvention satisfaction. However, higher levels of postvention satisfaction were associated with better psychological outcomes for both suicide and accident loss survivors. Among NOK, suicide loss survivors reported significantly less satisfaction with their experiences around the death investigation than accident loss survivors. Among fellow unit members, suicide loss survivors reported significantly less satisfaction with unit leadership and funeral or memorial services. Open-ended items contextualized these findings and brought forward other important survivor needs. Synthesis of the quantitative and qualitative data yielded nine main findings. Recommendations include how to provide better and more consistent postvention support to survivors of suicide loss within the DoD.

14. SUBJECT TERMS:

15. SECURITY CLASSIFICATION OF: Unclassified			16. LIMITATION OF ABSTRACT:	17. NUMBER OF PAGES: 208	19a. NAME OF RESPONSIBLE PERSON: Eric L. Lang, Director
a. REPORT: Unclassified	b. ABSTRACT: Unclassified	c. THIS PAGE: Unclassified			19b. TELEPHONE NUMBER (Include area code): 831-583-2846

PREFACE

A large body of suicide prevention research in the military consists of retrospective studies of risk factors and warning signs precipitating suicide. In comparison, there are only a few studies that examine the effects of suicide exposure on surviving family members, friends, unit members, and colleagues who may be at increased risk for negative health outcomes, including complicated grief, major depression, post-traumatic stress disorder, and suicidal behavior. In 2014, as the policy office for suicide prevention, intervention, and postvention, the Defense Suicide Prevention Office (DSPO) recognized that there is limited published research on the effects of suicide loss on survivors within the military community. DSPO sponsored the present study to understand better the experiences and needs of this important population.

Based on the findings from the current study, recommendations are offered for how to provide more consistent bereavement support to Next of Kin (NOK) and fellow unit members of Service members who died by suicide.

Eric L. Lang
Director, PERSEREC

ACKNOWLEDGEMENTS

The authors would like to thank Ms. Lisa Valentine, Ms. Deborah Skillman, Mr. Mike Bruner, Mr. Frank Toeran, Mr. Gerald Castle, Mr. Todd Rose, Ms. Kim Ruocco, CAPT Tara Smith, Dr. Adam Walsh, Dr. Laura Neely, Ms. Monica Lee, Mr. Steve Holton, and Dr. Roderick Bacho for their significant contributions to survey participant recruitment, subject matter expertise, and review of draft recommendations.

EXECUTIVE SUMMARY

Postvention refers to any activity that aims to alleviate the psychological pain of a suicide loss survivor and to reduce the harmful effects of suicide exposure, especially suicide contagion. While DoD and Military Service policies and procedures exist to support military postvention, they have not been systematically evaluated to determine whether they effectively meet the needs of survivors. The Defense Suicide Prevention Office (DSPO) sponsored the present study in an effort to understand better how DoD can improve its services for suicide loss survivors. The goal of this study was to determine whether suicide loss survivors have any unique psychological needs that are currently unmet by postvention services provided by DoD.

Two centers from the Office of People Analytics (OPA), the Defense Personnel and Security Research Center (PERSEREC) and the Center for Health and Resilience, jointly contributed to this study. Researchers administered a survey to survivors (next of kin [NOK] and fellow unit members) of suicide (focal group) or accident loss (comparison group) that occurred between 2010 and 2014. The survey assessed survivors' usage and satisfaction with DoD postvention programs and services, as well as survivors' current psychological functioning. Researchers tested a series of models to examine whether overall postvention satisfaction mediated the relationship between cause of death and survivors' psychological outcomes. Responses to open-ended items were analyzed to contextualize the quantitative findings and identify other areas in which survivor's postvention needs were not met. Researchers synthesized the quantitative and qualitative results into nine key findings.

Results indicated that NOK and fellow unit members of Service members who died by suicide experienced significantly higher levels of shame and stigma compared to survivors of Service members who died in accidents (e.g., motor vehicle accidents) in the same time frame. This difference was not mediated by differences in overall postvention satisfaction. However, higher levels of postvention satisfaction were associated with better psychological outcomes for both suicide and accident loss survivors. Among NOK, suicide loss survivors reported significantly less satisfaction with their experiences around the death investigation than accident loss survivors. Among fellow unit members, suicide loss survivors reported significantly less satisfaction with unit leadership and funeral or memorial services.

Quantitative results, as well as themes identified in responses to open-ended survey questions, were synthesized into nine major findings. The following nine major findings are highlighted as areas where postvention and bereavement services can be improved or provided more consistently to suicide loss survivors:

(1) When NOK expressed dissatisfaction with their interactions with first responders, they indicated that they received little privacy, emotional support, and communication of information from first responders.

(2) NOK suicide loss survivors were significantly less satisfied with the death investigation process. In particular, family members reported feeling "interrogated" or blamed during the interview, and frequently reported difficulty obtaining information about the investigation throughout the process and upon its completion.

(3) Attendants of some military memorial services for Service members who died by suicide reported experiencing stigma at the memorial service because the speakers were impersonal and unemotional, or focused on the suicide death rather than honoring the deceased's life.

(4) When NOK indicated that they did not have positive interactions with the unit commander or leadership, it was often due to impersonal interactions or a lack of emotional support.

(5) Fellow unit members reported that they were not given adequate assistance in the bereavement process or sufficient time to grieve by their command leadership, particularly if they had moved recently (i.e., Permanent Change of Station [PCS]), were on Temporary Duty (TDY), or were deployed at the time of death.

(6) NOK indicated that casualty assistance officers were the most helpful postvention resource, but also reported inconsistencies in the quality of casualty assistance provided to them.

(7) Family members and fellow unit members reported that they derived great meaning and value from being able to grieve together; however, they did not always have the opportunity to do so.

(8) The complexities of some deceased Service member's relationships with their survivors and relationships between family members may complicate delivery of postvention services.

(9) NOK indicated they had difficulty accessing counseling services for certain immediate and extended family members. This included bereaved children and siblings of Service members, and those military families living in remote areas of the country where DoD/VA services cannot be easily accessed.

Detailed recommendations in this report address these nine key findings. When possible, we indicate which DoD office may be responsible for addressing the recommendation. Finally, potential limitations of the study methodology and future research directions are also discussed.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF TABLES IN APPENDICES

INTRODUCTION

The suicide rate among U.S. military personnel began to increase sharply in 2005 (Ramchand, Acosta, Burns, Jaycox, & Pernin, 2011), which resulted in a corresponding rise in the number of survivors—friends, family, co-workers, unit members, mental health professionals, neighbors, and others — coping with loss ("suicide loss survivors"). Past research indicates that suicide loss survivors are at heightened risk of experiencing major depression, post-traumatic stress disorder, complicated grief, and suicidal behavior (Cvinar, 2005; Jordan, 2001; Jordan & McIntosh, 2011; Jordan & McMenamy, 2004). Compounding the burden of grief, the stigma of suicide loss discourages many from seeking bereavement support services (Cvinar, 2005). Therefore, postvention, defined as any activity that aims to alleviate the psychological pain of the suicide loss survivor and reduce the harmful effects of suicide exposure, is important for addressing the unique bereavement experience of this growing group of suicide loss survivors.

While DoD and Military Service policies and procedures exist to support military postvention, they have not been systematically evaluated to determine whether they effectively meet the needs of survivors. The Defense Suicide Prevention Office (DSPO) sponsored the present study in an effort to understand better how DoD can improve its services for suicide loss survivors. Two centers from the Office of People Analytics (OPA), the Defense Personnel and Security Research Center (PERSEREC) and the Center for Health and Resilience, jointly contributed to this study. The overarching objectives were to: (1) assess satisfaction with available postvention providers and services, (2) identify unmet needs, and (3) examine the impact of service utilization on the psychological functioning of surviving family and fellow unit members of Service members who died by suicide. The following sections provide specific study goals. This report describes the method used to conduct the study, details study findings, highlights opportunities for improving bereavement and postvention support for survivors, and concludes with actionable recommendations for policymakers to address the identified findings.

BACKGROUND

In 2016, a total of 479 Service members (276 Active Component and 203 Reserve Component members) died by suicide (Franklin, 2017). The exact number of suicide loss survivors impacted by these deaths is unknown; however, research conducted in the general population suggests that there are anywhere from six to 60 bereaved survivors for every suicide (Andriessen, 2009; Berman, 2011; Cerel, McIntosh, Neimeyer, Maple & Marshall, 2014; Jordan & McIntosh, 2011; Shneidman, 1969). The use of an impact extrapolation approach to estimate the approximate number of survivors suggests that there were at least several thousand new military suicide loss survivors in 2016 alone.

These estimates point to a large and growing number of individuals impacted by the suicide death of a military Service member. Few studies, however, have focused on

the effects of suicide on loss survivors. Existing studies indicate that suicide loss survivors are more likely to experience negative psychological and physical health outcomes compared to survivors of other types of losses. Most significantly, this includes increased risk for suicide and suicidal behaviors after exposure, a phenomenon known as suicide clustering or suicide contagion (Andriessen & Krysinska, 2012; Carr, 2011; Jordan, 2001; Mueller & Abrutyn, 2015; Runeson & Åsberg, 2003; Wasserman, 1984). Suicide loss survivors are two to 10 times more likely to die by suicide than the general population (Aguirre & Slater, 2010). Although suicide contagion within military units has not been systematically studied, recent findings from the Army Study to Assess Risk and Resilience in Service Members (STARRS) indicate that risk of suicide attempts in units increases as the number of past-year suicide attempts within the unit increased (Ursano, et al., 2017).[1] The authors of this study stressed the importance of postvention in the unit to minimize any negative effects of suicide exposure.

In addition to suicide contagion, suicide loss survivors are more likely to experience complicated grief, which is characterized by a prolonged period of intense and distressing emotion and difficulty functioning in everyday life (Cvinar, 2005; Jordan, 2001; Jordan & McIntosh, 2011; Jordan & McMenamy, 2004; Young et al., 2012). Suicide loss survivors may also experience anger towards the deceased for choosing to end their life, along with a sense of overwhelming guilt, confusion, rejection, and shame (Jordan, 2001; Jordan, 2008). Suicide loss survivors often struggle to make sense of the death and may fixate on thoughts about what they might have done to prevent it (Young et al., 2012). Their responses to the death may be further complicated by the cultural and social stigma of suicide (Cvinar, 2005). Suicide loss survivors report feeling blamed by others regarding the suicide death and experiencing stigmatization and isolation from their social networks and religious communities (Jordan, 2008). Survivors of suicide loss may experience symptoms of post-traumatic stress and anxiety, particularly if they witnessed the suicide or found the deceased's body (Young et al., 2012).

The majority of published research examines suicide loss survivors in the general population (i.e., a non-DoD population). Only a small number of studies have explored the specific needs of military suicide loss survivors, the impact that suicide may have within the unique culture of the military community, and the interventions that may best support them (e.g., Carr, 2011; Ramchand, Ayer, Fisher, Osilla, Barnes-Proby, & Wertheimer, 2015, Harrington-LaMorie, 2011). What is clear, however, is that with each suicide death in the military, there are numerous family members, friends, co-workers, and significant others who may experience intense emotional and physical suffering as a result (Harrington-LaMorie, 2011).

[1] Of note, this study examined suicide attempts, but did not examine suicide deaths.

Policy Overview

Formal suicide prevention programs were first established by the Military Services in the 1980s and 1990s (DoD Task Force on the Prevention of Suicide by Members of the Armed Forces, 2010), and the increasing suicide rates among DoD personnel in the mid-2000s led to a number of policy responses across Service components. More recently, with the support and direction of Congress, attempts have been made to consolidate these efforts. The National Defense Authorization Act of 2009 (PL 110-417) established the DoD Task Force on the Prevention of Suicide by Members of the Armed Forces. The final report of the Task Force (2010) served as the basis for DoD's strategic response to suicide, and led to the establishment of DSPO in 2011 (DoD Inspector General [DoD IG] Report, 2015). DSPO now serves as the lead agency providing advocacy, program oversight, and policy guidance for DoD suicide prevention, intervention, and postvention efforts with the aim to reduce suicide and suicidal behaviors in Service members and DoD civilians, and their families (DoDD 6490.14; DoDI 6490.16). In 2014, DoD adopted the 2012 National Strategy for Suicide Prevention (NSSP), as published by the U.S. Department of Health and Human Services. DSPO led a Department-wide effort to apply the NSSP's 13 Goals and 60 Objectives to the specific needs of the Department and Military Services, and in 2015 issued the Department of Defense Strategy for Suicide Prevention (DSSP) (USDP&R Memorandum of Dec. 29, 2015) as its strategic guidance for suicide prevention activities.

DoD formally defines suicide postvention in its DSSP (DoDD 6490.14) as:

> Response activities undertaken in the immediate aftermath of a suicide that has impacted the unit, deceased's family and friends, and community at large. Its two purposes are to assist survivors [in coping] with their grief and [to] prevent additional suicides.

Postvention has been formally integrated into regulations by the Air Force (AFI 90-505), the Army (DA PAM 600-24), and the Marine Corps (MCO 1720.2); the Navy's recently revised "Commanding Officer's Suicide Prevention Handbook" also incorporates postvention guidance (Navy Suicide Prevention Branch, 2015).

Most existing postvention services predate the implementation of suicide prevention programs. Many of these services fall under the category of "casualty assistance" programs and are not specifically tailored to suicide loss survivors. Casualty assistance and survivor benefits programs developed organically over many decades without formal evaluation of their effectiveness (U.S. Government Accountability Office 2006; U.S. Government Accountability Office 2016). Current DoD policy (DoDI 1300.18, 2009) requires that casualty assistance procedures be uniform across all Service components "except to the extent necessary to reflect the traditional practices or customs" of the Service. It also establishes a Casualty Advisory Board (CAB) to oversee casualty assistance programs and recommend broad policy guidance. These standards have been incorporated into the regulations of each Service (AFI 34-501, 2015; AR 638-8, 2015; OPNAVINST 1770.1A, 2007,

and CNICINST 1770.2A, 2015; and MCO 3040.4, 2011). Importantly, many of these policy revisions were implemented either during or after the period covered by the present study (2010-2014).[2]

Postvention in the DoD

There is a wide range of DoD postvention services available to suicide loss survivors, including services for next-of-kin (NOK), eligible family members, and fellow unit members of the deceased. These services are intended to address the grief or bereavement issues that survivors experience and may include grief counseling, peer support, and chaplain support (often referred to as "follow-on services" by casualty assistance personnel). In addition to these follow-on services, there are also a number of intervention points at which suicide loss survivors may receive bereavement support. While most of these resources were originally designed as casualty assistance rather than postvention programs, they do serve as opportunities along the casualty care continuum (see Figures 1 and 2) where survivors can be assisted in their bereavement. These intervention points include interactions with first responders, casualty assistance officers, and unit commanders or unit leadership, as well as the provision of military funeral honors.

The follow-on bereavement services presently available to eligible family members are considered *passive* postvention because survivors must seek out these resources on their own (see for example, Cerel & Campbell, 2008). On the other hand, fellow unit members are more likely to be offered *active* postvention (services brought directly to loss survivors) following a suicide death within their unit. For both NOK and fellow unit members, the negative effects of suicide loss may be mitigated by respectful interactions with service providers throughout the postvention process. Conversely, disrespectful interactions may not only fail to mitigate the negative effects of suicide loss, but may actually exacerbate these effects. The following section provides a descriptive overview of current postvention providers and services and intervention opportunities.

Postvention for Next of Kin and Fellow Unit Members

For both NOK and fellow unit members, postvention efforts should begin as soon as possible, even at the scene of the death, in order to effectively route survivors into supportive environments with appropriate bereavement services (Aguirre & Slater, 2010; Cerel & Campbell, 2008). Immediate outreach to survivors is especially important because the activities of first responders, such as processes associated

[2] Current Air Force casualty assistance policy (AFI 34-501) was implemented August 2015, superseding policy (AFI 34-242) dated April 2008. Army policy (AR 638-8) was implemented July 2015, superseding policy (AR 600-8-1) dated April 2007. Navy's guiding casualty assistance policy (OPNAVINST 1770.1A) was implemented May 2007, superseding policy (OPNAVINST 1770.1, no date); its operational policy (CNICINST 1770.2A) was implemented July 2017, superseding policy (CNICINST 1770.2) dated May 2011. Marine Corps policy (MCO 3040.4) was implemented March 2011, superseding policy (MCO P3040.4E, no date).

with collecting evidence, securing the scene, or attending to the decedent, are often sources of additional psychological trauma for survivors (Aguirre & Slater, 2010). Thus, for both NOK and fellow unit members, formal postvention efforts often begin with interactions with first responders at the scene of the suicide, but may continue for many months afterward through an array of programs offered by DoD, each Military Service, the U.S. Veterans Administration (VA), and private organizations. The following sections describe the range of postvention services available to next of kin and fellow unit members, and Figures 1 and 2 show a general overview of the DoD postvention continuum of care for each group of suicide loss survivors.

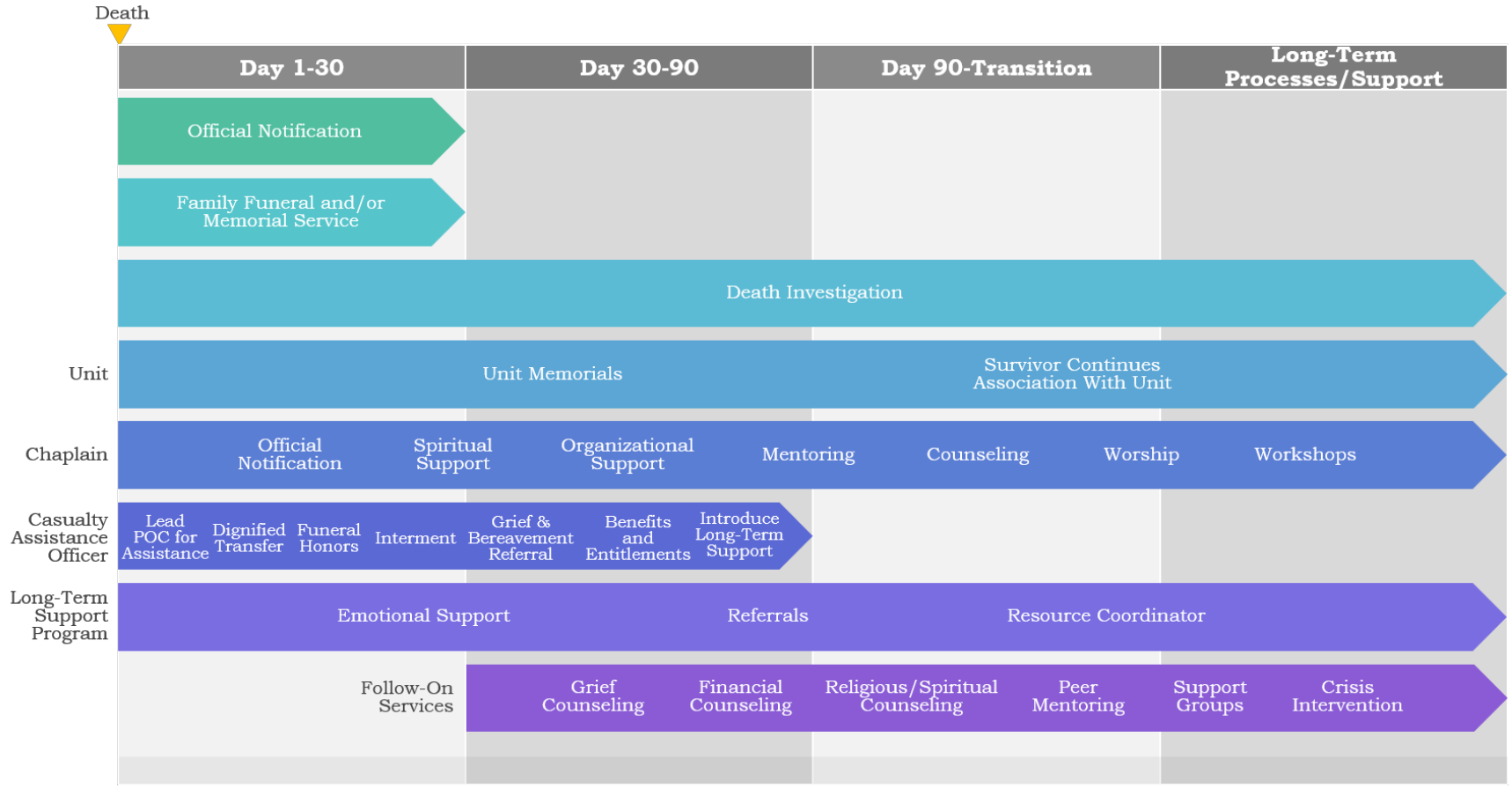

Figure 1 Next of Kin Postvention Continuum of Care

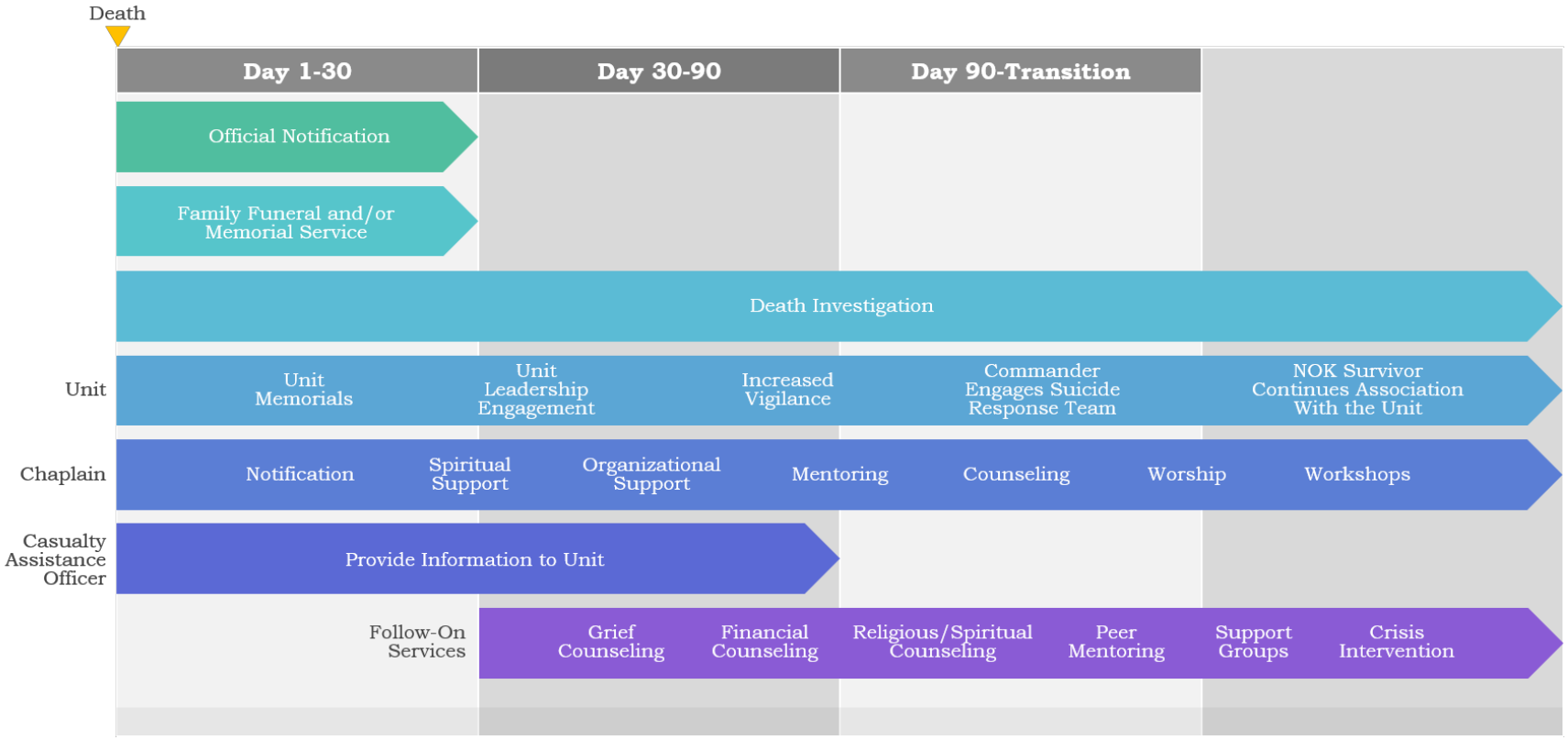

Figure 2 Fellow Unit Member Postvention Continuum of Care

NOK Interaction with First Responders[3]

Family members may interact with law enforcement and medical first responders from either military or civilian agencies following the death of a Service member. Per DoD policy (DoDI 5505.10), any non-combat death of an active duty Service member "requiring specialized investigative techniques to rule out the possibility of criminality," regardless of jurisdiction, requires the relevant Military Criminal Investigation Organization (MCIO) to appoint a dedicated family liaison. The MCIO family liaison provides information and assistance to family members and coordinates services with other officials. When the death occurs outside of military jurisdiction, the liaison coordinates with civilian law enforcement agencies to ensure that families are provided with all available information from the investigation. Civilian law enforcement agencies frequently serve as the lead on suicide death investigations, as many suicide deaths occur in the community, where MCIOs do not have jurisdiction. A recent report by the DoD IG found that 77.7% of military suicide deaths during 2014 and 2015 were investigated solely or primarily by civilian law enforcement agencies (DODIG-2017-110).

Casualty Assistance Services and Eligibility

Eligibility for postvention services is established based upon the survivor's relationship to the deceased or by special designation. Generally, the surviving spouse is designated as the primary NOK (PNOK), and the Service member's parents are designated as secondary NOK (SNOK). However, when a Service member is not married, the parents are designated as PNOK. Regardless of who is identified as the PNOK, the surviving spouse, children, and parents of the Service member are entitled to receive benefits and support.[4] In addition, certain benefits and services are provided based upon the Service member's designation of specific individuals. For instance, each Service member pre-identifies a person authorized to direct disposition of human remains (PADD), and selects the recipients of any death gratuity or Service member's Group Life Insurance (SGLI). While the PADD and beneficiaries of death benefits are often the immediate family members of the Service member, in some cases these individuals are not immediate family members and would not otherwise be entitled to support.

As described earlier, most postvention services available to NOK are administered by DoD's casualty assistance programs and by VA, and are not specific to suicide loss survivors. Per DoD policy (DoDI 1300.18) the casualty office of each Service

[3] This study, including its associated survey instruments (see Appendix A), defines first responders as "trained personnel responsible for going immediately to the scene of an accident or emergency to provide assistance."
[4] Entitlement to DoD benefits is generally governed by 10 U.S.C. sections 1475 to 1491 and 2771. Veterans benefit entitlement is governed by 38 U.S.C. sections 1101 to 2414.

component appoints a casualty assistance officer[5] following the death of a Service member to guide and support the PNOK, the PADD, the parents of the Service member, and other designated beneficiaries. Casualty assistance officers guide NOK through the administrative processes by assisting with paperwork and benefits claims, assisting with funeral arrangements, and providing directions on how to obtain legal assistance, financial counseling, and other resources.

DoD published *A Survivor's Guide to Benefits* (2016) to describe available services and inform family members of the role the casualty assistance officer and other providers will play in applying for benefits, funeral and memorial service coordination, and accessing support services. Initial meetings between NOK and the casualty assistance officer address payment of the death gratuity, preparation for the funeral, and any honors due to the Service member. In addition, the casualty assistance officer coordinates legal assistance services and helps obtain official or investigative reports. The casualty assistance officer continues to assist NOK until all benefits and entitlements have been processed. These include, for example: Death Gratuity, Survivor Benefits Plan, continued residence in government housing or payment of Basic Allowance for Housing for 1 year for dependent spouse and children, and one government paid relocation within 3 years.

Military Funeral Honors

Decisions relating to funerals and burials are the responsibility of the PADD. All Service members are required to name a PADD (who may be the surviving spouse, blood or adoptive relative of legal age, or person *in loco parentis*) on their *Record of Emergency Data* (DD Form 93). The casualty assistance officer works with the PADD to make funeral arrangements, which may include military funeral honors for eligible decedents, if requested by the PADD. The government will provide transportation to the burial site for members of the Service member's immediate family, including the surviving spouse, children, the parents of both the Service member and the surviving spouse, the siblings of the Service member, and the PADD. Interment flags will be presented to eligible family members as prescribed by law (Title 10 U.S.C. Section 1482(e)). Transportation to attend the memorial services conducted by the Service member's military unit may also be provided to eligible survivors (Title 37 U.S.C. Section 481(f)).

Counseling and Long-Term Assistance

A wide range of counseling and other support services are available to survivors. Dependents continue to receive healthcare through TRICARE for 3 years at no cost. After 3 years, TRICARE eligibility for surviving spouses changes to that of a family

[5] Recognizing that each Military Service has its own title for casualty assistance officers (Army – Casualty Assistance Officer [CAO]; Marine Corps and Navy – Casualty Assistance Calls Officer [CACO], and Air Force – Casualty Assistance Representative [CAR], Family Liaison Officer [FLO], and Mortuary Officer), for purposes of this document, the term casualty assistance officer is used.

member of a retired Service member. Coverage for surviving children remains in place until they age out of TRICARE or lose eligibility for other reasons (Eligibility – Survivors of Active Duty Members, 2017). Short-term, non-medical counseling is available to dependents through Military OneSource and the Military and Family Life Consultant (MFLC) Program. Long-term casualty assistance programs provide dedicated support services such as grief counseling, support groups, and benefits assistance. Each Service component also provides long-term support through a dedicated Long-Term Case Management (LTCM) office to continue the survivor's connection with the military community (i.e., Army's Survivor Outreach Services, Navy Gold Star Program, Marine Corps' Long Term Assistance Program, and Air Force Families Forever). VA offers bereavement counseling through offices at community-based Vet Centers to surviving spouses, children, and parents of Service members who die while on active duty. Casualty assistance officers may also refer survivors to a number of other service providers, including state Veterans service agencies and various congressionally chartered and independent non-profit organizations, such as Gold Star Mothers, Gold Star Wives of America, the National Military Family Association, and Tragedy Assistance Program for Survivors (TAPS). These organizations offer services such as peer support, conferences, and retreats for survivors. Notably, TAPS offers dedicated suicide postvention services for military survivors.

Support from Military Units and Commanders

Surviving family members may also interact with the Service member's commander or other unit representatives. Per DoD regulation (DoDI 1300.18), commanders should provide an appropriate letter of sympathy or condolence to the PNOK, spouse, or parents within 5 days of notification of the death. The commander also bears the important responsibility of returning the Service member's personal belongings to the PADD. Military chaplains also play an important role in casualty assistance, providing grief counseling, assisting with funeral and memorial planning, and offering support to commanders and casualty assistance officers in their interactions with family members. Each Service component has issued general guidelines on the role of the commander and other suicide prevention personnel in postvention activities (AFI 90-505; DA PAM 600-24; CNICINST 1720.4A; MCO 1720.2), but specific instructions may cross a range of policy areas and may vary by Service. For example, in cases of suicide, Army requires the brigade-level commander to brief NOK on findings of the completed fatal incident investigation (AR 638-34); in contrast, it is Marine Corps policy that the report of death investigation is delivered by the casualty assistance officer after review by the first flag officer in the chain of command (MCO 3040.4).

Support for Fellow Unit Members

For units impacted by suicide, several issuances from the DoD and the Service components establish the infrastructure for postvention among fellow unit

members. DoD suicide prevention program policies stipulate that postvention standards are established by the Service components and that commanders are accountable for implementing these activities (DoDD 6490.14). Support for Service members includes command post-suicide response programs, dedicated suicide response teams, mental health staff, chaplains, and unit memorial services including military honors, and programs to ensure increased vigilance during the 30-day period following the suicide. Figure 2 shows a general overview of the DoD postvention continuum of care for fellow unit members.

All Service components provide guidelines regarding leaders' expected actions following a suicide in the unit (AFI 90-505; DA PAM 600-24; CNICINST 1720.4A; MCO 1720.2). Commanders must report the incident to appropriate Service authorities, and, if necessary, contact local or military law enforcement authorities, and participate in any review processes, such as the DoD Suicide Event Report (DoDSER). Commanders may employ dedicated psychological intervention teams, such as Navy's Special Psychiatric Rapid Intervention Team (SPRINT), to support the psychological needs of unit members and to assist the commander in coordinating and leveraging services. With the support of chaplains or mental health providers, they should make an initial announcement to the work site or unit and refer unit members to available support resources (e.g., mental health providers, chaplains, Military OneSource). Commanders are also expected to notify and proactively address the death with unit members and provide an outlet for those affected to express and process their emotions. Service component guidelines include information for commanders on best ways to address suicide death in a way that minimizes suicide contagion. It may be appropriate to increase monitoring of fellow unit members who previously have expressed suicidal ideation or have attempted suicide, and provide direct guidance in navigating the behavioral healthcare system. Commanders should also identify fellow unit members who were close to the deceased and direct the appropriate command representative to offer support to these individuals. Guidelines also recommend increasing senior leadership presence in the work area immediately following the announcement of the death, continually providing information, and communicating messages of support.

DoD's "Leader Guide and Postvention Checklist" (DSPO, 2016b) provides guidelines for action following a death by suicide or a suicide attempt. This guide identifies 18 steps that commanders and other leaders should take following a suicide loss and is intended to augment local policies and to assist leaders in preventing suicide contagion. It includes recommendations for notifications (e.g., local law enforcement, Military Service specific investigative divisions, chain of command, Casualty Assistance Office, Chaplains office, behavioral health program), and guidance for making the initial announcement to the unit, discussing the suicide, conducting an appropriate unit memorial, and assisting unit members in obtaining further support. While the Postvention Checklist is an important reference for military leaders in a non-deployed setting, suicide losses also occur during

deployment and present leaders with unique challenges in providing postvention to deployed fellow unit members (Carr, 2011).

CURRENT STUDY

In reviewing the suicide loss and postvention literature, a number of gaps in existing research emerge. While a number of studies have examined the impact of suicide loss on surviving family and friends in the civilian population, there is limited research on this issue within the unique culture of the military. In addition, there is a lack of data on whether DoD and Service-level casualty policies and procedures effectively support the postvention needs of suicide loss survivors.

This study will evaluate how well DoD and the Military Services are addressing the postvention needs of survivors of military suicide loss by examining the pattern of resource usage, assessing the degree to which current resources are meeting the needs of suicide loss survivors, and evaluating whether there are any reported unmet needs that ought to be addressed. In addition, the study will examine the association between suicide loss and current psychological functioning of surviving family and unit members. Suicide loss survivors will be compared to survivors of accidental deaths to further examine whether the experiences and needs of suicide loss survivors are similar or distinct from survivors of other types of losses. Specifically, for each group we will explore the following research questions:

(1) What is the frequency of use or interaction with resources, programs, and services available to surviving family and fellow unit members of accident and suicide losses?

(2) How well are the bereavement and postvention needs of surviving family and fellow unit members being met by current resources, programs, and services?

(3) Do surviving family and fellow unit members report any unmet needs or find their experiences with any programs or services particularly dissatisfying?

(4) Are there differences in psychological outcomes of suicide loss survivors compared to those who lost a Service member in an accident? And, if so, can these differences be explained by satisfaction with postvention providers and services?

The following sections will review the study method and results, and conclude with recommendations to address the gaps in postvention for NOK and fellow unit members.

METHOD

This study explored the unique bereavement needs of survivors of suicide loss through analyses of self-report data collected using a survey developed specifically for this study. The survey respondents included NOK and fellow unit members of Service members who died by suicide (focal group) or as a result of an accident (comparison group). The survey assessed survivors' psychological outcomes as well as their satisfaction with postvention providers and services, including interactions with first responders, the death investigation, unit commanders and leadership, casualty assistance officers, funeral and/or memorial services, and follow-on services.

This study was reviewed and approved by the U.S. Army Medical Research and Materiel Command Institutional Review Board (USAMRMC IRB), and received a Report Control Symbol through the DoD Internal Information Collections review process (RCS #DD-P&R(AR)2628).

PARTICIPANTS

Participant identification occurred in two phases: (1) identification of deceased Service members with a cause of death classified as suicide or accident, and (2) identification of NOK and fellow unit members associated with the decedent. Participant identification and recruitment methods are described in detail in the following sections, and sample size information can be found in the Results section.

Decedents

Researchers began the participant recruitment process by identifying deceased Service members using the Military Mortality Database (MMDB; DSPO, 2016b). MMDB is a database of military mortality and personnel data compiled from the National Centers for Health Statistics' (NCHS) National Death Index (NDI), the Social Security Administration's (SSA) Master Death File, and The Defense Casualty Analysis System (DCAS). MMDB is considered an authoritative source of military mortality data because it combines these three data sources and is often used in military research when an official cause of death, as recorded by a medical examiner, is required. Use of MMDB data for this study was reviewed and approved by the DoD/VA Suicide Data Repository (SDR) Board of Governance (BOG).

Selection criteria for the suicide and comparison groups were: (1) active duty, and Reserve/National Guard personnel who were in an active status, (2) the death occurred between 2010 and 2014, and (3) the cause of death was suicide or unintentional injury (e.g., motorcycle accident, land transport accidents, accidental poisoning by and exposure to noxious substances; referred to as "accident" in this report). Table 1 shows the selection criteria, including the International Classification of Diseases (ICD-10) codes used to identify suicide or accident as the cause of death (complete information about ICD-10 codes correspondent to decedents' causes of death in the pre-identified and analytic samples is shown in

Appendix A). Because official death determinations are finalized after what can be a lengthy investigative process, at the time of the study, mortality data were only available through 2014; thus, the current study was limited to examination of deaths that occurred from the beginning of 2010 through the end of 2014. Accidental deaths have been used as a comparison group in previous suicide, postvention, and bereavement research (Castle, Duberstein, Meldrum, Conner, & Conwell, 2004; Conner, Cox, Duberstein, Tian, Nisbet, & Conwell, 2001; Hesse, Bryan, & Rose, 2015) and are an appropriate survivor comparison group because the deaths are usually sudden and unexpected, similar to suicide deaths (Castle, Duberstein, Meldrum, Conner, & Conwell, 2004; Phillips, Yang, Zhang, Wang, Ji, & Zhou, 2002). Using these selection criteria, researchers identified a total of 3,020 decedents (1,348 in the suicide group, 1,672 in the accident group).

Table 1
Selection Criteria for Suicide and Accident Death Groups

Suicide	Accident
• Active duty and Reserve/National Guard personnel in an active status • Death occurred between 2010 and 2014 • Suicide death: ICD-10 codes U03, X60-X84	• Active duty and Reserve/National Guard personnel in an active status • Death occurred between 2010 and 2014 • Unintentional injury: ICD-10 codes V01-X59, Y85-Y86

Respondents

Details about the identification of the two types of respondents (NOK and fellow unit members) and their recruitment for study participation are described in the following sections.

Next of Kin

Recruitment of NOK relied on Service-level record data and outreach from Service Casualty Affairs Office Long-Term Case Managers (CAO LTCMs). Using a secure and encrypted file transfer system, researchers sent the name, date of death, and limited identifiable information of the deceased Service member identified from MMDB to the Service's CAO LTCMs (1,348 in the suicide group, 1,672 in the accident group). The CAO LTCMs identified at least one NOK (primary or secondary) for each decedent using their Service-specific casualty information processing system.

Based on the recommendation of the DoD Casualty Advisory Board (Personal Communication, 2016), researchers used a "survivor sensitive" recruitment method in which CAO LTMCs, who have existing relationships with survivors, conducted the initial recruitment outreach. Following the best practices designed to maximize survey response rates (Dillman, 2014), the CAO LTCM outreach consisted of lead letters and telephone calls. Specifically, CAO LTCMs from Air Force and Marine Corps sent lead letters to each pre-identified PNOK on the research team's behalf. Lead letters described the survey, explained the process by which NOK could

participate in the study, and contained the research team's contact information. NOK who received the letter and were interested in participating in the survey contacted the research team directly to enroll. Researchers did not make subsequent attempts to reach out to NOK who chose not to contact the team based on the initial lead letter.

Army and Navy CAO LTCMs contacted NOK by phone[6] to advertise the study and obtained NOK's permission to share their contact information with the research team. For those NOK who agreed, CAO LTCMs then provided their contact information to the research team. The research team contacted Army and Navy NOK by phone to complete their enrollment in the study.

NOK were enrolled in the study on a rolling basis in five groups throughout the survey administration period (November 2016 to February 2017). The first group of NOK received a survey invitation e-mail with the hyperlink to the survey and up to five reminder e-mails. The second, third, fourth, and fifth NOK groups received four, three, two, and one reminder e-mail, respectively. In order to maximize response rates, researchers used "appeal for help" language in all participant recruitment materials (Dillman, 2014) and mailed lead letters that were printed in color on DSPO letterhead.

Although differences in the number of reminder e-mails may affect response rate, this survey fielding approach was chosen because researchers were recruiting NOK and obtaining their contact information on a rolling basis, so it was not possible to send the survey to everyone at once.

Unit Members

For each decedent identified, researchers identified fellow unit members using Defense Manpower Data Center's (DMDC) Defense Enrollment Eligibility Reporting System (DEERS), Active Duty Master File, and RCCPDS Master File. Fellow unit members were those military personnel who had the same Unit Identification Code (UIC) as the decedent at the time of death. To maximize the likelihood that the contacted fellow unit member had a relationship with or was familiar with the decedent, fellow unit members who were within one pay grade of the decedent at the time of the death were selected. Researchers then randomly selected a maximum of 10 individuals from the identified group of fellow unit members and sent a pre-notification lead letter via mail, which described the study and how to participate. Following the pre-notification letter, fellow unit members received a survey invitation e-mail with a hyperlink to the survey, and a maximum of five reminder e-mails.

[6] Due to administrative delays, there was not sufficient time for Army CAO LTCMs to contact all pre-identified Army NOK and inform them of the study before the closing of the survey.

All survey participants received a final e-mail at the end of the survey administration period thanking them for their participation. The final "thank you" email also included the same list of mental health or support resources that were displayed on the final page of the survey (the "Survey Design" section provide more detail on the listed resources). At any point during this process, NOK or fellow unit members could opt out of survey communication and would receive no further contact from the research team. Throughout the survey administration process, researchers recorded the nature of responses and non-responses in order to quantify response rates (American Association of Public Opinion Research [AAPOR], 2015). Typical non-response for the NOK and fellow unit member samples included no response to telephone outreach, undelivered lead letters, and respondents' lack of availability during the survey administration period (for more information, see AAPOR, 2015).

SURVEY DESIGN

Researchers reviewed the types of DoD bereavement support and postvention resources available to survivors in order to develop a survey for this study. Available resources were identified using three key sources of information: (1) DoD and Service-level policies pertaining to suicide prevention, and casualty and mortuary affairs; (2) DoD and Service-level information for survivors on benefits and entitlements; and (3) input from subject-matter experts (SMEs) such as the Service CAOs and non-profit military survivor program staff. Bereavement support and postvention resources identified for the survey were defined as any type of resource or service that survivors may interact with following the death of a Service member, as these represented a possible intervention point for change or improvement. For next of kin (NOK) and fellow unit members, the postvention providers and resources identified were:

- First responders;
- Casualty Assistance Officers;
- Unit leadership;
- Death investigation by law enforcement to determine cause of death;
- Funeral and/or memorial services; and
- Follow-on services (e.g., counseling services, support groups, and peer mentoring).

For each postvention provider or service identified earlier, researchers developed questions to assess (1) if the respondent used or had any interaction with the resource; (2) what information the postvention resource provided (if applicable); (3) how satisfied the respondent was with his or her interactions with the postvention source (e.g., overall satisfaction, did the resource help with bereavement process,

did the postvention resource provide accurate information in a timely manner, and was the resource respectful and caring); (4) if the respondent was treated with more or less respect due to the manner of death; and (5) if there was any information or support the respondent wished for, but did not receive.

The survey also included questions regarding the respondent's background information (e.g., socio-demographic characteristics), relationship with the deceased Service member (type and closeness), and current self-reported psychological functioning (e.g., depression, complicated grief).

The following scales were used to capture psychological functioning outcomes:

- *Patient Health Questionnaire (PHQ-9)*: The PHQ-9 is an instrument for screening, diagnosing, monitoring, and measuring the severity of depression. PHQ-9 scores greater than or equal to 10 had a sensitivity of 88% and a specificity of 88% for major depression (Kroenke, Spitzer, & Williams, 2001).

- *Inventory of Complicated Grief (ICG)*: The ICG assesses certain symptoms of grief that have been shown to be distinct from bereavement-related depression and anxiety and to predict long-term functional impairments (symptoms of "complicated grief"). Internal consistency reliability of this 19-item measure is high (Cronbach's $\alpha = 0.94$), test-retest reliability is good (0.80), and concurrent validity is high in relation to other (Prigerson et al., 1995).

- *Posttraumatic Stress Disorder Checklist (PCL-5)*: The PCL-5 is a 20-item self-report measure that assesses symptoms of post-traumatic stress disorder (PTSD). Internal consistency reliability ranges from 0.96 to 0.97 in samples of deployed and non-deployed military personnel (Hoge et al., 2014; Keane et al., 2014).

- *Grief Experiences Questionnaire*: Two subscales from the Grief Experiences Questionnaire were included to assess survivors' experiences with stigma and shame. Cronbach's α is 0.88 and 0.83 for the stigmatization and shame subscales, respectively, indicating good internal consistency (Barrett & Scott, 1989).

- *Post-traumatic Growth Inventory-Short Form (PTGI-SF)*: The PTGI-SF is a 10-item self-report measure used to assess positive changes resulting from adversity. In a variety of samples, the internal reliability is in the 0.90 range (Cann, et al., 2010).

- *Brief Resilience Scale (BRS)*: The BRS is a 6-item self-report measure that assesses the ability to bounce back from or recover from stress. The BRS has good internal consistency (Cronbach's α, ranging from 0.80-0.91), and its test-retest reliability (ICC) ranges from 0.62 to 0.69 (Smith et al., 2008).

- *Flourishing Scale of Subjective Well-being (SWB)*: The flourishing scale of SWB is an 8-item scale that assesses well-being. The items describe aspects of human functioning such as forming positive relationships, feelings of competence, and having meaning and purpose in life. The Flourishing Scale has good internal consistency (Cronbach's α = 0.87), and test-retest reliability (0.71) (Diener, et al., 2009).

At the end of the survey, a list of resources, including mental health support, was provided to respondents in the event responding to the survey elicited a negative emotional response. Resources included Military OneSource, the Military Crisis Line, the DSTRESS Line, and the National Suicide Prevention Lifeline.

In total, due to skip logic, respondents answered between six and 91 questions regarding postvention providers and services. Each respondent was also presented with the psychological outcomes section, which included seven scales for a total of 83 items. In addition, the survey included 15 items assessing the respondent's socio-demographic information and relationship with the decedent. The survey was administered online using Verint Enterprise Feedback Management (EFM) software (Verint EFM V7.0, 2016). Survey administration began in November 2016 and ended in February 2017. The full survey can be found in Appendix B.

QUANTITATIVE ANALYSIS

Prior to conducting quantitative statistical analyses, data were cleaned for out of bounds (outlier) or logically inconsistent values by examining descriptive statistics and frequencies. Researchers also filtered out respondents who were determined to be responding to the survey based on a homicide-related event, which was determined using the respondent's survey comments and previous study databases available to the researchers. Such cases could not be excluded at the participant pre-identification stage because there are limited sources of information regarding these occurrences, so could only be identified in many instances based on respondent's survey comments. Researchers also excluded respondents who indicated, through a survey screening question or in their survey comments, that they did not recall the death of the identified decedent. Respondents who engaged in flat responding also were excluded from the sample (i.e., zero variance in responses or exclusive selection of "Don't recall" or "Not sure" response option). After applying all of the exclusion criteria, a total of 13 of 215 NOK respondents and 894 of 3,261 fellow unit members were excluded from each sample, respectively.

Psychometric Analyses

In order to assess the performance of the various measures within the fellow unit member and NOK samples, researchers conducted a series of measurement tests, first by conducting descriptive analyses to understand the nature of the distributions (i.e., normal vs. non-normal). Next, analysts used a randomized split-half procedure for the fellow unit member sample, conducting exploratory factor

analyses (EFAs) for each measure on one half of the sample, followed by confirmatory factor analyses (CFAs) on the second half of the sample. Due to the size of the NOK sample (n = 202 individuals), CFAs were conducted on the entire NOK sample. Method and Results for these psychometric assessments are presented separately by sample (fellow unit members vs. NOK).

Fellow Unit Member Sample

As described earlier, researchers randomly split the fellow unit member sample (N = 2,367) into two halves and used one-half of the sample (n = 1,192) in exploratory factor analyses and the second half (n = 1,175) in the confirmatory factor analyses. All EFAs used principal axis factoring with promax rotation. Items for each measure were entered into the EFA separately.

After conducting the EFAs, analysts then conducted CFAs on the second half of the sample. In general, researchers conducted CFAs using maximum likelihood estimation with robust standard errors (MLR); however, for the highly non-normal items, they conducted the CFAs using a weighted least squares mean and variance adjusted (WLSMV) estimation procedure because it is a distribution-free estimation method (i.e., does not assume normality). The following sections describe the process in greater detail.

Next of Kin Sample

Using the factor structure discovered in the fellow unit member sample (i.e., the results of the EFA conducted as described previously), researchers conducted CFAs on the NOK sample using the same procedures described earlier for the fellow unit member sample. Again, depending on the nature of the distribution, analyses used either MLR or WLSMV estimation methods.

Multilevel Regression Models

One goal of this study was to evaluate whether postvention satisfaction mediated the relationship between cause of death and survivors' psychological outcomes. Specifically, survivors of suicide loss may be less satisfied than accident loss survivors with the postvention support they receive, and their decreased satisfaction may negatively impact their long-term psychological functioning. For the purposes of the mediational analyses (i.e., to test whether differences in psychological outcomes based on cause of death might be mediated by postvention satisfaction), researchers combined postvention service satisfaction for the various providers and services into a single "postvention satisfaction" variable. Note that, because this study is cross-sectional, there is no way to test the causal association between the variables; however, finding evidence of mediation here (albeit non-causally) might suggest this as a useful avenue for confirmation in future research.

Analysts conducted a series of multilevel regression models to assess the differences in satisfaction with postvention providers and services and current

psychological functioning as a function of cause of death. Due to the research design, whereby multiple respondents answered questions in reference to the same decedent, in all models, researchers entered a unique identifier for the decedent as a random intercept. In addition, researchers employed a series of control variables as predictors, including cause of death (suicide vs. accident), the number of years since the Service member's death[7], the closeness of the relationship between the respondent and the decedent, the respondent's exposure to other traumatic events, other deaths, or other suicide deaths, as well as the respondent's age, gender, marital status, race or ethnicity, and level of education.

In general, modeling results highlighted whether differences in psychological outcomes as a result of cause of death were explained by differences in postvention satisfaction. In order to assess the question of possible mediation, analysts tested a series of four models used methods outlined by Baron and Kenny (1986), which are displayed graphically in Figure 3 and described in more detail in the following sections.

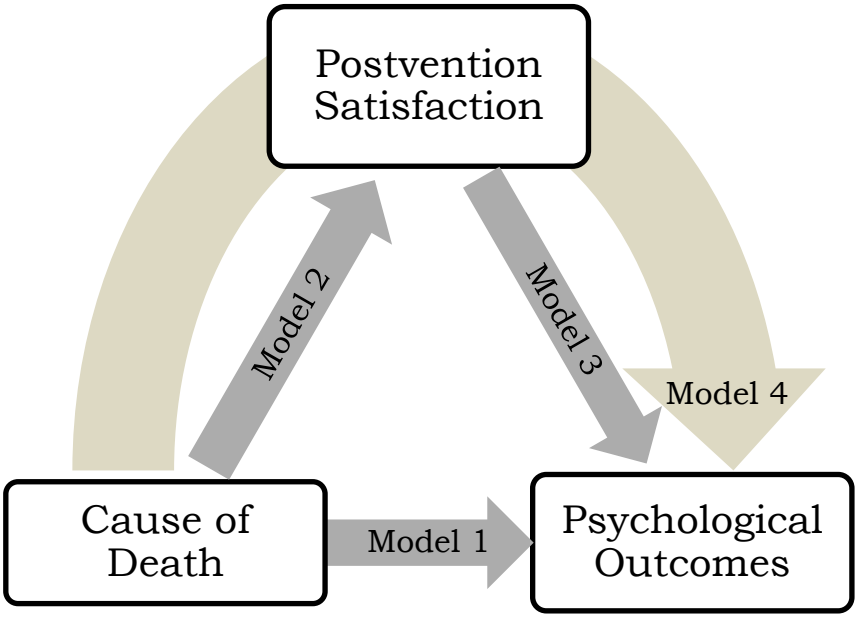

Figure 3 Test of Mediation Model

[7] Although years since the death of the decedent should, in theory, be the same for all individuals responding to questions about the same decedent (and thus, would be an upper-level predictor), because respondents were answering the survey at different times, there was actually variability even among respondents talking about the death of the same Service member. As a result, number of years since the death was included as a lower-level, rather than an upper-level, predictor in the model.

Table 2
Variables Included in Each Multilevel Regression Model

Model	Predictors	Outcomes	Control Variables (*All* Models)
Model 1	Cause of Death (Suicide vs. Accident)	Depression; PTSD; Shame; Stigma; Complicated Grief; Posttraumatic Growth; Resilience; Flourishing	Decedent ID (random intercept); Marital Status (Never Married v. Married); Marital Status (Divorced, Separated, or Other v. Married); Gender (Men v. Women); Ethnicity; Education (< HS v. HS); Education (Some College v. HS); Education (Bachelor's v. HS); Age; Year of Death; Closeness; Previous exposure to traumatic events; Previous exposure to other deaths; Previous exposure to suicide deaths; Cause of Death (Suicide vs. Accident). Fellow Unit Member Sample ***only:*** Service (Air Force vs. Army); Service (Marines v. Army); Service (Navy v. Army).
Model 2	Cause of Death (Suicide vs. Accident)	Postvention Satisfaction	
Model 3	Postvention Satisfaction	Depression; PTSD; Shame; Stigma; Complicated Grief; Posttraumatic Growth; Resilience; Flourishing	
Model 4	Cause of Death (Suicide vs. Accident); Postvention Satisfaction	Depression; PTSD; Shame; Stigma; Complicated Grief; Posttraumatic Growth; Resilience; Flourishing	

The four models were as follows:

(1) *Model 1: Is cause of death associated with survivors' psychological outcomes?* That is, do suicide loss survivors differ from accident loss survivors on measures of current psychological functioning? Here, cause of death and all control variables are predictors, and the psychological variables (i.e., depression, PTSD, complicated grief, posttraumatic growth, resilience, flourishing, shame, and stigma) serve as outcomes.

(2) *Model 2: Is cause of death associated with satisfaction with postvention providers and services?* That is, do suicide loss survivors differ from accident loss survivors with respect to their postvention satisfaction? Here, cause of death and the control variables are predictors, and combined satisfaction with each type of postvention provider or service is the outcome (i.e., overall "postvention providers and services satisfaction").

(3) *Model 3: Is postvention satisfaction associated with psychological outcomes?* That is, do those who were more satisfied with their postvention experiences differ in current psychological functioning from those who were less satisfied with their experiences? Here, psychological variables serve as outcomes, and the overall "postvention providers and services satisfaction" variable is the predictor.

(4) *Model 4: Is the association between cause of death and psychological outcomes mediated by satisfaction with postvention providers and services?* Specifically, does the relationship between cause of death and psychological well-being decrease or become non-significant when satisfaction with postvention providers and services is added to the model? Models are organized by the

dependent variables of interest, as described previously. Here again, psychological scales are the outcomes, and satisfaction with postvention providers and services and cause of death are the predictors.

QUALITATIVE ANALYSIS

In addition to the close-ended items, the survey included 15 open-ended items and six items with a response option of "other" that allowed respondents to generate their own answers and provide additional details on their experiences with postvention providers and services. Responses to each of these 21 items were limited to 1,000 characters.

Researchers compiled responses to these items into a single data file, checked data for accuracy, and removed all personally identifiable information (PII) from the responses. Researchers conducted coding and data analysis using QSR International's NVivo 11 qualitative analysis software (NVivo 11, 2015). Throughout the coding process, coders utilized the memos feature of NVivo 11 to keep notes and track hypotheses, thoughts, and ideas to establish rules for follow-on analyses. Researchers also identified key quotes that were representative of themes and findings from both NOK and fellow unit members.

Following the matrix approach described by Miles and Huberman (1994), multiple, independent analysts coded the qualitative data. Researchers developed a codebook using a structural coding framework. Prior to coding, researchers developed an initial set of *a priori* codes identified in a review of literature on the experiences and mental health outcomes of suicide loss and accident loss survivors (see Aguirre & Slater, 2010; Jordan, 2015; Jordan, 2001; Kristensen, Weisaeth, & Heir, 2012). In a first round of coding, one researcher applied the initial set of codes to all qualitative responses, and added codes for common and noteworthy themes and topics that emerged in the data. Other researchers then reviewed this list of codes and collaboratively worked to develop a final codebook of more than 150 themes. These codes ranged from general (e.g., positive or negative valence of the response) to those narrowly applicable to unique subsets of items (e.g., provision or absence of military funeral honors).

Using this codebook, four trained coders conducted two rounds of coding to progressively refine the most important themes reflected in the data. During each round, coders were randomly assigned subsets of NOK and fellow unit member responses, and each response was reviewed by a minimum of two independent coders. Coders resolved any disagreements in coding during regular calibration meetings. The entire coding team reviewed results after each round to develop a final set of themes and categories.

Researchers analyzed this final set of coded responses in relation to other survey variables. Coded responses were analyzed by postvention provider or service (e.g., casualty assistance officers, unit commanders) to identify the most common themes

and the corresponding valence (i.e., comments were positive, negative, or ambivalent). Researchers analyzed data from suicide and accident loss survivors separately when the quantitative findings indicated that there was a statistically significant difference between the two groups in their satisfaction with a particular postvention provider or service.

RESULTS

This section presents results from analyses of the survey data, including: (1) survey response rates, (2) general demographics of decedents and survey respondents, (3) frequency of postvention provider and service use, (4) differences in postvention satisfaction between the accident and suicide loss survivor groups, (5) association of Service member cause of death, postvention satisfaction, and current psychological functioning, and (6) themes identified in the open-ended survey comments that contextualize quantitative findings and provide further explanation of why experiences with postvention providers and services were satisfactory or unsatisfactory.

SURVEY RESPONSE RATES AND DECEDENT AND RESPONDENT DEMOGRAPHICS

This section provides survey response rates, demographic information for decedents and survey respondents, and other characteristic information for decedents and survey respondents.

Next of Kin

Researchers identified a total of 3,020 decedents (1,348 in the suicide group, 1,672 in the accident group; complete information about ICD-10 codes correspondent to decedents' causes of death in the pre-identified and analytic samples is shown in Appendix A). CAO LTCMs contacted a total of 3,020 NOK and researchers received 215 surveys from NOK respondents. Thirteen NOK respondents were dropped from the sample based on exclusion criteria described previously. In total, 202 respondents completed the survey. The overall weighted response rate for eligible NOK was 7.1%[8] as calculated according to AAPOR (2015) guidelines. NOK respondents represented 183 deceased Service members. Table 3 displays demographic information for these decedents, and Table 4 displays demographic information for the respondents. As shown in Table 3, researchers received more completed surveys from NOK for Service members who died in accidents than those who died by suicide; however, while most other demographics were generally evenly distributed across the two groups.

[8] For comparison, the DoD Survivor Survey, an anonymous survey administered to PNOK 6 months following the death of a Service member, had a response rate between 10-12% when it was administered as a web-based survey (Personal Communication with NPRST, 2015).

Table 3
Decedent Demographics in NOK Sample

	Suicide		Accident	
	Count	**Percent**	**Count**	**Percent**
Total	48	100	135	100
Service				
Army	NR	NR	75	55.6
Navy	31	64.6	37	27.4
Marine Corps	8	16.7	14	10.4
Air Force	7	14.6	9	6.7
Pay grade				
Enlisted	34	70.8	113	83.7
E1–E4	21	43.8	63	46.7
E5–E9	13	27.1	50	37
Officers	14	29.2	22	16.3
W1–W5	0	0.0	NR	NR
O1–O3	14	29.2	14	10.4
O4–O9	0	0.0	6	4.4
Marital Status				
Married	14	29.2	64	47.4
Never Married	33	68.8	66	48.9
Divorced, Separated, Other	NR	NR	NR	NR
Gender				
Male	46	95.8	128	94.8
Female	NR	NR	7	5.2

Note. NR = Not Reportable. Following approved RCS procedures to avoid inadvertently identifying participants, researchers have redacted any cells with a count ≤ 5.

Table 4 shows characteristics of the respondents in the NOK sample. Most respondents were parents of the deceased (82% of suicide loss survivors and 63% of accident loss survivors), and as mentioned previously, there were more accident loss NOK survivors who completed the survey compared to suicide loss survivors. The resulting sample size may be considered small, however, the response rate for this survey was similar to that of the DoD Survivor Survey administered to NOK survivors of all DoD casualties. In addition, power analyses conducted prior to survey fielding indicated that a minimum sample size of 50 was sufficient for testing between-group differences in psychological functioning for accident and suicide loss groups.

Table 4
Respondent Demographics in NOK Sample

	Suicide		Accident	
	Count	**Percent**	**Count**	**Percent**
Total	56	100	146	100
Relationship Type				
Spouse	7	12.5	38	26
Parent	46	82.1	92	63
Sibling	0	0	8	5.5
Other[1]	NR	NR	8	5.5
Gender				
Male	21	41.2	37	28.5
Female	30	58.8	93	71.5
Marital Status				
Married	40	78.4	77	58.8
Never Married	0	0	NR	NR
Divorced, Separated, Other	11	21.6	51	38.9

[1] Other category includes: Former spouse (Divorced/Legally Separated), Step-parent, Parent-in-law, Adult Child, and secondary relatives.

Fellow Unit Members

Researchers contacted 22,144 fellow unit members and received responses from 3,261 respondents. A total of 894 respondents were dropped following the exclusion criteria previously described. The final sample comprised 2,367 respondents who completed the survey on behalf of 1,339 deceased Service members. The weighted response rate for fellow unit members was 15.4%.[9] Table 5 displays demographics for the decedents in the fellow unit member sample. Demographic characteristics were generally similarly distributed in the suicide and accident groups.

[9] For comparison, OPA surveys of active duty personnel typically have response rates of 20-25% (OPA, 2017).

Table 5
Decedent Demographics in Fellow Unit Member Sample

	Suicide		Accident	
	Count	**Percent**	**Count**	**Percent**
Total	637	100	702	100
Service				
Army	339	53.2	367	52.3
Navy	88	13.8	95	13.5
Marine Corps	54	8.5	99	14.1
Air Force	156	24.5	141	20.1
Pay grade				
Enlisted	584	91.7	624	88.9
E1–E4	264	41.4	351	50
E5–E9	320	50.2	273	38.9
Officers	53	8.3	78	11.1
W1–W5	NR	0.5	6	0.9
O1–O3	36	5.7	52	7.4
O4–O9	14	2.2	20	2.9
Marital Status				
Married	358	56.2	328	46.7
Never Married	228	35.8	309	44
Divorced, Separated, Other	51	8	65	9.3
Gender				
Male	596	93.6	673	95.9
Female	41	6.4	29	4.1

Table 6 displays the demographics of the respondents from the fellow unit member sample. As described previously, fellow unit members were those Service members who had the same unit identification code (UIC) as the decedent at the time of death and were within one pay grade of the decedent. Overall, fellow unit member respondents were predominantly male and Army soldiers. Respondent demographics appear to be similarly distributed in the suicide and accident loss groups.

Table 6
Respondent Demographics in Fellow Unit Member Sample

	Suicide		Accident	
	Count	**Percent**	**Count**	**Percent**
Total	1,157	100	1,210	100
Service				
Army	583	50.4	598	49.4
Navy	139	12	147	12.1
Marine Corps	88	7.6	152	12.6
Air Force	347	30	313	25.9
Current Pay grade				
Enlisted	1,013	87.6	1,022	84.5
E1–E4	78	6.7	89	7.4
E5–E9	935	80.8	933	77.1
Officers	144	12.4	188	15.5
W1–W5	24	2.1	23	1.9
O1–O3	75	6.5	79	6.5
O4–O9	45	3.9	86	7.1
Marital Status				
Married	881	76.2	925	76.4
Never Married	139	12	163	13.5
Divorced, Separated, Other	137	11.8	122	10.1
Gender				
Male	989	85.5	1,080	89.3
Female	168	14.5	130	10.7

Respondent Relationship with Decedent

In addition to providing demographic information, both NOK and fellow unit member respondents answered questions regarding their relationship with the deceased. NOK respondents, other than parents, indicated the length of their relationship with the deceased; all respondents answered questions regarding the closeness of their relationship with the deceased. In the NOK sample, most respondents reported that they were very close or extremely close to the deceased (M = 4.6, SD = .71), and those who reported a length of relationship (n = 48) stated that they had known the Service member between 3 and 39 years (M = 16.6, SD = 8.0). In the fellow unit member sample, respondents indicated that they were (in general) not as close to the deceased as the NOK, with many reporting that they were either somewhat close (36.1% of the sample) or not at all close (36.0% of the

sample) to the deceased Service member (M = 2.0, SD = 1.0).[10] On average, fellow unit members reported that they had known the decedent between 1 and 19 years (M = 6.5, SD = 2.2).

Respondents also reported their experiences with prior traumatic events (e.g., major disaster, very serious accident or fire), prior deaths, or prior suicide deaths of someone emotionally close to them. Results are shown in Table 7 and there appear to be no substantial differences between the groups.

Table 7
Exposure to Prior Traumatic Events

	NOK				Fellow Unit Members			
	Suicide		Accident		Suicide		Accident	
Type of Event	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Major Disaster	23	42.7	66	48.9	507	49.3	574	54.4
Other Death	46	85.3	125	91.8	975	95.1	983	94.1
Other Suicide	9	16.7	26	19.3	544	53.1	470	44.9

POSTVENTION USAGE AND SATISFACTION

One of the main goals of this study was to examine survivors' usage and frequency of interaction with postvention providers and services and to provide insight into whether the bereavement needs of survivors are being met. In this section we describe the (1) frequency of postvention use or interaction, (2) frequency of information provided, (3) frequency of survivors who reported being treated with more or less respect because of the deceased's cause of death, and (4) differences in satisfaction with postvention providers and services among suicide and accident loss survivors. In order to examine the differences in postvention satisfaction (aforementioned item 4) among suicide and accident loss survivors, researchers tested six multilevel models using cause of death and all control variables as predictors, and satisfaction with each type of postvention service as the outcome (see Appendix C for description of the construction of the postvention satisfaction scales and information on the psychometrics properties of these scales). Tables 10 and 13 present only regression weights for cause of death. Full model results can be found in Appendix D and Appendix E for the NOK sample and fellow unit member sample, respectively.

[10] Note that around a quarter of respondents in the fellow unit member sample (27.4%) reported that they were at least "close" to the decedent, and that all respondents must have reported that they recalled the death in order to be included in the results presented here.

Next of Kin

Table 8 shows the frequency of postvention use or interaction among NOK suicide loss survivors compared to NOK accident loss survivors. NOK suicide loss survivors reported interacting with first responders, being aware of a death investigation, and using follow-on services slightly more frequently than accident loss survivors. NOK also reported that the most helpful postvention provider was their casualty assistance officer (51.5%). A smaller percent of NOK reported that unit commanders were the most helpful (7.9%), followed by military honors (6.4%), mental or behavioral health counseling (6.4%), and support groups (4.0%).

Table 8
Postvention Usage by Cause of Death in NOK Sample

	Suicide		Accident	
	Count	**Percent**	**Count**	**Percent**
First Responders	23	41.1	44	30.1
Casualty Assistance Officer	54	96.4	136	93.8
Leadership	42	75.0	110	76.9
Funeral or memorial service	54	98.2	141	99.3
Investigation[1]	45	81.8	106	74.7
Follow-on Services	44	78.6	98	67.1

[1] Count and percent of NOK who knew of the death investigation.

NOK Interaction with First Responders

Among NOK, 41.1% of suicide loss survivors and 30.1% of accident loss survivors encountered first responders at the scene of death or accident (Table 8). Of the first responders NOK interacted with the most, NOK reported that 45.4% of the first responders were affiliated with the military (41.9% of first responders for suicide loss survivors and 52.2% of first responders for accident loss survivors). When first responders provided information, support, or services to the NOK respondent, suicide loss survivors reported that they most often received information about: (1) the circumstances of death, (2) information about the condition of the Service member at the scene, (3) guidance on what should be done next, (4) privacy for the survivor or other family members, and (5) emotional support for themselves. Similarly, accident loss survivors reported that first responders most frequently provided information about: (1) the circumstances of death, (2) emotional support for themselves, (3) information about the condition of the Service member, (4) information about military procedures when a Service member dies, and (5) emotional support for other family members.

NOK Interaction with Casualty Assistance Officers

Most NOK survivors frequently interacted with casualty assistance officers following the death (Table 8). Some survivors reported that they were not sure if they interacted with a casualty assistance officer (3.6% of suicide loss survivors and

4.1% of accident loss survivors) and 2.1% of accident loss survivors reported that they did not interact with the casualty assistance officer. When casualty assistance officers provided information, support, or services, suicide loss survivors reported that they consistently (over 90% of the time) received assistance with completing forms required to receive benefits, assistance with the funeral or memorial service preparations, information about administrative processes, referrals for financial counseling, referrals for grief counseling, and information about the death investigation. A smaller percent of NOK reported that they received referrals for legal assistance (35.2% of suicide loss survivors and 45.6% of accident loss survivors). However, 37.0% of NOK suicide loss survivors and 19.4% of accident loss survivors still indicated that there was information, support, or services that they did not receive from the casualty assistance officer that would have been helpful to them. An open-ended question allowed NOK to explain what information, support, or services they did not receive from the casualty assistance officer; these responses are described in the qualitative analyses section (see "Next of Kin Feedback on Casualty Assistance Officers").

NOK Interaction with Unit Leadership

NOK also frequently interacted with the deceased Service member's unit leadership, specifically the unit commander (Table 8), and among these NOK, 31.0% of suicide loss survivors and 14.6% of accident loss survivors indicated that there was information, support, or services that they would have liked, but did not receive from the unit commander. NOK were able to describe the type of information, support, or services they would have liked to have received from the unit commander, but did not in an open-ended question. These responses are presented in the qualitative analyses section (see "Next of Kin Feedback on Unit Commanders").

NOK Attendance of Funeral or Memorial Service

Table 8 shows that nearly all NOK attended the funeral or memorial service of the deceased Service member (98.2% of suicide loss survivors and 99.3% of accident loss survivors). Among suicide loss survivors, most (85.2%) indicated they were satisfied with the way in which the funeral or memorial service was conducted, but some (14.8%) were dissatisfied. Among accident loss survivors, 95.8% of NOK reported being satisfied with the way in which the funeral or memorial service was conducted, and only a few (4.2%) were dissatisfied. Qualitative analysis of NOK responses to open-ended questions on the funeral or memorial service provided context as to why a few NOK were dissatisfied with the funeral or memorial service (see "Next of Kin Feedback on Funerals and Memorial Services").

NOK Experience with Death Investigation

NOK frequently reported being aware of an investigation of the Service member's death (81.8% of suicide loss survivors and 74.7% of accident loss survivors), and of

these NOK, more suicide loss survivors (66.7%) compared to accident loss survivors (28.3%) were interviewed about or asked to discuss the circumstances surrounding the Service member's death as a part of the death investigation (Table 8). Among suicide loss survivors, 70.0% of respondents indicated they were interviewed by a military investigator only, 10.0% of respondents were interviewed by a civilian investigator only, 13.3% of respondents were interviewed by both military and civilian investigators, and 6.7% of respondents were unsure of the investigator's affiliation. Among accident loss survivors, 40.0% of those interviewed interacted with a military investigator only, 23.3% of respondents were interviewed by a civilian investigator only, 23.3% of respondents were interviewed by both a military and civilian investigator, and 13.3% of respondents were unsure of the investigator's affiliation. Slightly more suicide loss survivors (20.0%) than accident loss survivors (10.7%) indicated that the investigation was handled with less respect because of the circumstances of the Service member's death. NOK explained in open-ended responses how the investigation was handled with less respect and these responses are explained further in the qualitative results (see "Next of Kin Feedback on the Death Investigation").

NOK Use of Follow-On Services

More than half of NOK indicated that they used some kind of follow-on service after the Service member's death (Table 8; 78.6% of suicide loss survivors and 67.1% of accident loss survivors). Table 9 displays the frequency of use of specific follow-on services such as mental or behavioral health counseling, religious or spiritual counseling, peer mentoring, support groups, or referral services, such as those provided by long-term casualty support.

Table 9
Follow-On Service Use by Cause of Death in NOK Sample

	Suicide		Accident	
	Count	**Percent**	**Count**	**Percent**
Mental or Behavioral Health Counseling	23	42.6	45	32.9
Financial Counseling	NR	NR	26	19.1
Religious or Spiritual Counseling	22	40.7	38	27.9
Peer Mentoring	22	42.3	40	29.2
Support Group	28	51.9	46	33.6
Crisis Intervention	NR	NR	NR	NR
Referral Service	18	33.3	41	29.9

Group Differences in Postvention Satisfaction

Table 10 shows the number of NOK who rated their satisfaction with each postvention provider and service, the average satisfaction rating, and the results of the multilevel model testing group differences in postvention satisfaction by cause of death. Results shown in Table 10 indicate that suicide loss survivors and

accident loss survivors differed only in their satisfaction ratings of the death investigation. NOK suicide loss survivors were significantly less satisfied with their experiences with the death investigation compared to accident loss survivors, although examination of the standardized regression weight in Table 10 suggests that this difference was fairly small. For all other postvention providers or services, there were no statistical differences in the satisfaction ratings.

Table 10
Postvention Satisfaction by Cause of Death in NOK Sample

	Suicide		Accident								
Dependent Variable	**N**	**M (SD)**	**N**	**M (SD)**	**b (Unstd)**	**SE (Unstd)**	**B (Std)**	**SE (Std)**	***df***	***t***	***p***
First Responders	15	3.9 (0.9)	33	4.1 (1.3)	.786	.442	.296	.167	27.00	1.78	.087
Casualty Assistance Officers	54	4.0 (1.2)	134	4.4 (1.1)	-.420	.219	-.165	.086	141.83	-1.91	.058
Leadership	42	4.1 (1.2)	110	4.3 (1.1)	-.134	.247	-.053	.098	117.00	-.54	.587
Funeral	54	4.4 (0.9)	139	4.5 (0.7)	-.262	.149	-.152	.086	151.00	-1.75	.081
Investigation	45	2.7 (1.3)	104	3.3 (1.4)	-.676	.296	-.223	.098	10.89	-2.29	.024
Follow-on Services	44	4.2 (0.9)	98	4.1 (1.0)	.174	.214	.090	.110	96.36	.82	.417

Fellow Unit Members

Table 11 shows the frequency of postvention usage among fellow unit members. Fellow unit members most frequently reported that they interacted with their leadership (i.e., command leadership team, enlisted leaders at their command, or their immediate supervisor), attended the funeral or memorial service, and were aware that a death investigation was conducted. Fellow unit members reported that the most helpful postvention providers and services were their immediate supervisors (10.0%), their command leadership team (9.1%), enlisted leaders at the command (8.7%), chaplains (5.5%), and peer mentoring (4.0%).

Table 11
Postvention Usage by Cause of Death in Fellow Unit Member Sample

	Suicide		Accident	
Dependent Variable	**Count**	**Percent**	**Count**	**Percent**
First Responders	125	10.8	90	7.5
Casualty Assistance Officers	162	14.2	189	15.8
Leadership	827	71.5	874	72.2
Funeral	681	60.9	781	67.9
Investigation[1]	380	33.9	422	36.2
Follow-on Services	249	21.5	211	17.4

[1] Count and percent of those who knew of the death investigation.

Fellow Unit Member Interaction with First Responders

Fellow unit members did not frequently interact with first responders (10.8% of suicide loss survivors and 7.5% of accident loss survivors; Table 11). First responders who interacted with suicide loss survivors most frequently provided (1) information about the circumstances of death, (2) emotional support, (3) information about the condition of the Service member, (4) guidance on how to talk to other Service members about the death, and (5) guidance on what should be done next. Accident loss survivors reported that first responders most frequently provided information about (1) the circumstances of death, (2) information about the condition of the Service member, (3) emotional support, (4) guidance on what should be done next, and (5) emotional support for the family.

Fellow Unit Member Interaction with Casualty Assistance Officers

Fellow unit members also had some interaction with casualty assistance officers (14.2% of suicide loss survivors, and 15.8% of accident loss survivors, Table 11). Casualty assistance officers most often provided fellow unit members information on grief counseling, the administrative process, and the death investigation. Casualty assistance officers also provided assistance in memorial service preparations and assistance in completing required forms.

Fellow Unit Member Interaction with Unit Leadership

Most fellow unit members reported interacting with their leadership in response to the death of the Service member (Table 11; 71.5% of suicide loss survivors and 72.2% of accident loss survivors). Suicide loss survivors most frequently reported interacting with their immediate supervisor, (34.5%) followed by their command leadership team (29.0%) and enlisted leaders at their command (29.6%). Accident loss survivors also most frequently interacted with their immediate supervisor (34.4%), followed by their command leadership team (30.6%) and enlisted leaders at their command (29.6%).

Fellow Unit Member Attendance of Funeral or Memorial Service

A majority of fellow unit members reported attending the Service member's funeral, memorial, or both services (60.9% of suicide loss survivors and 67.9% of accident loss survivors, Table 11). Among those who attended a funeral for the deceased Service member, most reported that the presentation of Military Funeral Honors did not differ because of the deceased's cause of death (69.7% of suicide loss survivors and 57.4% of accident loss survivors). Compared to accident loss survivors (32.5%), fewer suicide loss survivors (18.9%) indicated that they believed the Honors were handled with more respect. A small percent of fellow unit members reported that the Honors were handled with less respect (3.2% of suicide loss survivors, 2.3% of accident loss survivors).

Fellow Unit Member Interaction with the Death Investigation

Of those fellow unit members who were aware that an investigation of the Service member's death occurred (Table 11; 33.4% of suicide loss survivors and 36.2% of accident loss survivors), 38.5% of suicide loss survivors and 20.4% of accident loss survivors were interviewed or asked to discuss the circumstances surrounding the Service member's death. Among suicide loss survivors, 14.5% of respondents indicated that the investigation was handled with more respect because of the circumstance of death, and 8.0% respondents indicated that the investigation was handled with less respect. Twenty-two percent of accident loss survivors indicated that the investigation was handled with more respect because of the cause of death, and 7.9% of respondents indicated that it was handled with less respect.

Fellow Unit Member Use of Follow-On Services

Fellow unit members used follow-on services less frequently than NOK (21.5% of suicide loss survivors and 17.4% of accident loss survivors; Table 11). Table 12 shows the frequency of use of each type of follow-on service surveyed; fellow unit members most often used mental or behavioral health counseling, religious or spiritual counseling, and peer mentoring.

Table 12
Follow-On Service Use by Cause of Death in Fellow Unit Member Sample

	Suicide		Accident	
	Count	**Percent**	**Count**	**Percent**
Mental or Behavioral Health Counseling	80	7.3	67	6.0
Religious or Spiritual Counseling	148	13.6	98	8.8
Peer Mentoring	106	9.8	96	8.7
Support Group	33	3.0	36	3.2
Crisis Intervention	12	1.1	9	0.8
Referral Service	21	1.9	11	1.0

Group Differences in Postvention Satisfaction

Table 13 shows the number of fellow unit members who rated their satisfaction with each postvention provider and service, the average satisfaction rating, and the results of the multilevel model testing group differences in postvention satisfaction by cause of death. Results indicate that fellow unit members were significantly less satisfied with interactions with their leadership and with the way in which the funeral was conducted; however, these differences were small. No other differences in postvention satisfaction were found.

Table 13
Postvention Satisfaction by Cause of Death in Fellow Unit Member Sample

	Suicide		Accident								
Dependent Variable	**N**	**M (SD)**	**N**	**M (SD)**	**b (Unstd)**	**SE (Unstd)**	**B (Std)**	**SE (Std)**	***df***	***t***	***p***
First Responders	63	4.5 (0.8)	51	4.3 (0.8)	.265	.198	.155	.116	85.00	1.34	.184
Casualty Assistance Officers	151	4.0 (1.0)	177	4.2 (0.9)	-.119	.123	-.063	.064	170.93	-.97	.332
Leadership	779	4.1 (1.1)	825	4.2 (1.0)	-.114	.056	-.056	.027	745.84	-2.03	.043
Funeral	472	4.0 (0.9)	612	4.2 (0.8)	-.158	.057	-.093	.033	542.52	-2.77	.006
Investigation	363	3.2 (1.0)	405	3.3 (1.0)	-.127	.082	-.064	.041	465.60	-1.56	.121
Follow-on Services	245	4.1 (0.8)	208	4.1 (1.0)	.119	.092	.066	.051	323.34	1.29	.197

ASSOCIATION OF CAUSE OF DEATH, POSTVENTION SATISFACTION, AND CURRENT PSYCHOLOGICAL FUNCTIONING

As discussed previously, the primary question of interest here is whether cause of death is associated with differences in psychological outcomes, and if that association is explained by differences in postvention satisfaction. In order to test this question, analysts conducted a series of multilevel regression models to explore mediation effects (see Figure 3 presented earlier). First, analysts conducted psychometric analyses to assess the validity of the psychological and postvention satisfaction scales included on the survey.

Validity of Psychological and Postvention Satisfaction Scales

Using the method described previously, analysts conducted EFA and CFA to assess the psychometric properties of the psychological scales and postvention satisfaction scales. EFA results suggest that all scales generally show a one-factor solution, so researchers summed the items within each scale to create scale scores for each psychological scale and postvention satisfaction scale. The satisfaction scales for each postvention provider or service (first responders, casualty assistance officers, unit leadership, death investigation, funeral and memorial service, and follow-on services) were highly to moderately inter-correlated, suggesting that all of the scales reflect an underlying satisfaction with the overall postvention experience. This was confirmed using EFA that showed that the six scales loaded highly (≥.48) on a single factor. The resulting CFA fit well (CFI = .969, TLI = .948, RMSEA = .029, SRMR = .054). In some subsequent analyses, the total postvention satisfaction score (an average of the postvention satisfaction scales) is used. For further detail on the results from the EFA and CFA, see Appendix C. Descriptive statistics and number of respondents for postvention satisfaction and psychological outcomes are shown in Table 14; descriptive statistics for scales that have previously published clinical cutoff-points are presented in Appendix F. These descriptive statistics are suggestive of some patterns (e.g., showing that survivors of suicide loss report somewhat higher levels of shame and stigma than survivors of accidents); we will test these differences formally within the context of the multilevel models described in more detail in the subsequent sections. Information about scale inter-correlations and reliabilities are also displayed in Appendix C.

Table 14
Descriptive Statistics for Psychological Outcomes in Next of Kin and Fellow Unit Member Samples

	NOK Sample				Fellow Unit Member Sample			
	Suicide		Accident		Suicide		Accident	
Scale	N	M (SD)	N	M (SD)	N	M (SD)	N	M (SD)
Depression	49	5.4 (5.8)	122	4.2 (5.9)	967	2.6 (4.8)	997	2.8 (4.9)
Complicated Grief	48	23.9 (15.9)	119	20.3 (14.0)	939	3.4 (7.5)	946	3.2 (7.1)
PTSD	51	13.5 (13.6)	116	12.9 (14.1)	899	5.0 (11.8)	916	5.0 (11.8)
Shame	51	11.5 (5.2)	125	8.8 (4.0)	927	7.0 (3.7)	950	6.6 (3.5)
Stigma	52	12.7 (6.1)	122	7.5 (3.7)	919	6.3 (2.7)	932	5.7 (1.9)
Growth	48	25.5 (12.7)	128	27.0 (12.6)	897	7.8 (12.3)	931	8.3 (12.1)
Resilience	51	3.3 (0.9)	129	3.5 (0.8)	929	3.9 (0.8)	959	3.9 (0.8)
Flourishing	49	44.1 (9.8)	126	47.1 (7.7)	889	47.0 (10.1)	926	46.7 (9.9)

Model 1: Psychological Outcomes and Cause of Death

The first model of interest (Model 1) examined whether there were differences in psychological outcomes based on cause of death. Control variables were entered into the models—namely, age, gender, education, marital status, year of death, closeness, cause of death, and exposure to other traumatic events, deaths, or suicides (see Table 2). In the fellow unit member sample only, Service was entered as a control variable, with Army serving as the reference group. Note that, in these models, cause of death is dummy-coded, with deaths by suicide coded as "1," and deaths in accidents serving as the reference group (coded as "0"). As a result, a positive slope for cause of death would indicate that the suicide group is higher on the scale for that particular psychological outcome; a negative slope would indicate that the suicide group is lower on that scale. A unique decedent ID was entered as a random intercept.

Summarized results for Model 1 are shown in Tables 15 and 16. Full models, with control variables included, are shown in Appendix D for the NOK sample and Appendix E for the fellow unit member sample. Note that the *t*, *df*, and *p* were calculated using the Satterthwaite approximation (Satterthwaite, 1946).

Results of Model 1 for the NOK sample are shown in Table 15. They reveal that individuals with a Service member who died by suicide showed significantly higher levels of shame and stigma than those with a Service member who died by accidental causes.

Table 15
Model 1 Results NOK Sample

Dependent Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Depression	1.304	1.132	.101	.088	133.77	1.15	.251
PTSD	.637	2.485	.022	.085	107.18	0.26	.798
Shame	2.775	.797	.278	.080	136.57	3.48	.001
Stigma	5.990	.820	.534	.073	145.22	7.31	.000
Complicated Grief	4.618	2.695	.144	.084	94.00	1.71	.090
Posttraumatic Growth	1.309	2.421	.046	.086	141.84	0.54	.590
Resilience	-.172	.155	-.092	.083	148.00	-1.11	.268
Flourishing	-2.310	1.508	-.129	.084	125.77	-1.53	.128

Results of Model 1 for fellow unit members as shown in Table 16 suggest that suicide loss is significantly associated with higher levels of shame and stigma than accident loss, with the standardized regression weights suggesting that the effect is fairly small. There were no other significant differences associated with cause of death in the fellow unit member sample.

Table 16
Model 1 Results Fellow Unit Member Sample

Dependent Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Depression	-.124	.226	-.013	.023	849.66	-.55	.582
PTSD	.193	.569	.008	.024	799.33	.34	.734
Shame	.384	.163	.054	.023	1,741.00	2.35	.019
Stigma	.66	.111	.138	.023	836.43	5.97	<.001
Complicated Grief	.131	.326	.009	.023	174.00	.40	.688
Posttraumatic Growth	-.07	.568	-.003	.023	925.76	-.12	.902
Resilience	.04	.039	.025	.024	924.28	1.03	.305
Flourishing	.102	.473	.005	.024	1,686.00	.22	.830

Although the results in both samples demonstrate that cause of death is not significantly associated with differences in psychological outcomes for any of the other scales, the mediation testing (i.e., Models 2, 3, and 4) are presented due to theoretical interest. Note that the results of Model 1 indicate that mediation is not possible for any other psychological outcomes than shame or stigma.

Model 2: Cause of Death and Postvention Satisfaction

In Model 2, the primary question of interest is whether there are differences in postvention satisfaction based on Service member cause of death. The scale score for postvention satisfaction is the sum of all satisfaction items for each postvention provider or service. Again, full models are presented in Appendix D and E; the regression weights for cause of death only in both samples are shown in Table 17.

Table 17
Model 2 Results

DV: Postvention Satisfaction	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
NOK Sample: Cause of Death	-.300	.15	-.167	.083	149.91	-2.03	.044
Fellow Unit Member Sample: Cause of Death	-.122	.044	-.069	.025	866.37	-2.75	.006

Results of Model 2 show that, in both samples, suicide loss survivors reported significantly lower satisfaction with postvention providers and services than accident loss survivors. Again, the size of the association is small, although somewhat larger in the NOK sample as compared to the fellow unit member sample.

Model 3: Postvention Satisfaction and Psychological Outcomes

Model 3 tested whether differences in postvention satisfaction are associated with differences in psychological outcomes (for all psychological outcomes separately). Summarized results are shown in Tables 18 and 19 with full models (with control variables presented) in Appendix D for the NOK sample and Appendix E for the fellow unit member sample.

Table 18 shows that greater postvention satisfaction is associated with lower depression, PTSD, shame, stigma, complicated grief, and greater resilience and flourishing in the NOK sample. In addition, the differences were small to medium in size, suggesting that higher postvention satisfaction was generally associated with greater well-being. Results in Table 18 also show that, because the association between shame and stigma and postvention satisfaction is significant, there is still a possibility that postvention satisfaction may mediate the association between cause of death and shame and stigma.

Table 18
Model 3 Results NOK Sample

Dependent Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Depression	-1.935	.580	-.274	.082	141.70	-3.34	.001
PTSD	-3.687	1.315	-.223	.079	132.48	-2.80	.006
Shame	-1.066	.436	-.192	.079	146.59	-2.44	.016
Stigma	-1.492	.515	-.228	.079	142.45	-2.90	.004
Complicated Grief	-4.714	1.386	-.268	.079	138.29	-3.40	.001
Posttraumatic Growth	1.216	1.298	.078	.083	146.31	.94	.350
Resilience	.228	.081	.219	.078	151.05	2.81	.006
Flourishing	3.199	.777	.321	.078	147.55	4.12	<.001

Table 19 shows that, in the fellow unit member sample, greater postvention satisfaction was significantly associated with lower depression, PTSD, shame,

stigma, and complicated grief, and higher posttraumatic growth, resilience, and flourishing—consistent with the findings from the NOK sample. However, the effects were somewhat smaller in size in this sample. For the scales assessing stigma and shame, then, mediation is still a possibility; for the other psychological outcomes, results suggest that satisfaction with postvention providers and services is positively associated with current psychological functioning.

Table 19
Model 3 Results Fellow Unit Member Sample

Dependent Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Depression	-.897	.131	-.162	.024	155.49	-6.84	<.001
PTSD	-1.740	.332	-.128	.024	1,445.68	-5.25	<.001
Shame	-.621	.100	-.149	.024	1,515.00	-6.18	<.001
Stigma	-.568	.069	-.200	.024	1,489.28	-8.26	<.001
Complicated Grief	-1.002	.209	-.115	.024	1,513.00	-4.80	<.001
Posttraumatic Growth	1.548	.343	.110	.024	1,473.19	4.51	<.001
Resilience	.160	.023	.173	.025	1,523.98	6.95	<.001
Flourishing	3.103	.273	.280	.025	1,469.96	11.35	<.001

Although mediation is not possible for any variables other than shame or stigma, results for the other psychological outcomes do suggest that postvention satisfaction was reliably related to better psychological functioning in both samples.

Model 4: Cause of Death, Postvention Satisfaction, and Psychological Outcomes

The final question in mediation is whether any association between the theoretically causal variable (here, cause of death) and the outcome (here, psychological outcome variables) is reduced when the mediator (here, postvention satisfaction) is included in the model. This question is relevant only for shame and stigma as there was no association between cause of death and any of the other psychological variables; thus, Table 20 shows results only for those two scales. In order to assess whether the association between cause of death and shame or stigma was explained by (i.e., mediated) by postvention satisfaction, the same model as Model 1 was tested, but postvention satisfaction was included as a predictor this time. If the association between cause of death and shame or stigma dropped to non-significance when postvention satisfaction was included in the model, this suggests that the association is mediated by postvention satisfaction.

Table 20 presents the results of Model 4 for both NOK and fellow unit member samples. Full models, including all control variables are presented in Appendix D and Appendix E.

Table 20
Model 4 Results for NOK and Fellow Unit Member Samples

Dependent Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
NOK: Shame	2.48	.81	.249	.081	136.55	3.08	.002
NOK: Stigma	5.69	.83	.507	.074	143.13	6.89	<.001
Unit: Shame	.453	.178	.061	.024	1,514.00	2.54	.011
Unit: Stigma	.678	.120	.136	.024	738.26	5.65	<.001

Results in the NOK sample show that the association between cause of death and shame and stigma remains significant even with postvention satisfaction in the model. This suggests that the association between cause of death and shame or stigma is not mediated by postvention service satisfaction. In the fellow unit member sample, again, the association between cause of death and shame and stigma remains significant even with postvention satisfaction in the model. This suggests that postvention satisfaction does not mediate the association between cause of death and shame or stigma.

Summary

Overall, results of the mediation models suggest that suicide is associated with somewhat higher levels of shame and stigma, and that this association is not explained by differences in satisfaction with postvention providers and services. However, results also suggest that satisfaction with postvention providers and services is associated with more positive psychological outcomes in both samples. Additionally, researchers found a significant association between cause of death and postvention satisfaction, with fellow unit members and NOK of a Service member who died by suicide showing lower postvention satisfaction than unit members and NOK of Service members who died by accident. Specifically, these differences were present in the areas of satisfaction with death investigation for NOK, and interaction with unit leadership and satisfaction with funeral or memorial service for fellow unit members.

FEEDBACK FROM NOK AND FELLOW UNIT MEMBERS ON POSTVENTION PROVIDERS AND SERVICES

Survey respondents had the opportunity to provide detailed feedback on postvention providers and services in the form of open-ended responses. While responses to the close-ended items provide quantifiable measures of satisfaction with postvention providers and services, the open-ended items allowed respondents to explain the reasons for their satisfaction or dissatisfaction. Thus, responses to the open-ended items provide a rich dataset for exploration of the underlying causes of satisfaction and dissatisfaction with postvention providers and services.

Respondents provided feedback on the quality of postvention providers and services, indicated whether there was information or support that they needed but did not receive, and indicated whether they were treated with more or less respect

by providers because of the circumstances of the Service member's death. As a result of the question structure, many themes emerged in relation to perceptions of respect and disrespect. Responses from each survey group (NOK and fellow unit members) were analyzed independently and are presented separately, as the postvention needs and resources provided to each group differ.

This section offers an overview of the primary themes that the research team identified through the coding and analysis of the qualitative data. The section is organized first by postvention provider type, then by survey group, and presents findings related to: (1) first responders, (2) casualty assistance officers, (3) unit commanders, (4) the death investigation, (5) funerals and memorial services, and (6) mental health/counseling services and other feedback. Notably, these services are offered to survivors, regardless of the cause of death, and are not specific to survivors of suicide loss. The order in which the postvention providers and services are addressed reflects the approximate order in which survivors interact with these providers and services, and mirrors the order of items administered on the survey. Text in *italics* indicates a theme; many themes were identified in the responses of both suicide loss survivors and accident loss survivors.

When themes differed by cause of death (suicide or accident) this is explicitly noted; otherwise, the themes presented were identified in the responses of both suicide loss survivors and accident loss survivors. Tables 21-32 show the primary themes identified by the research team with the general valence (positive or negative) of comments associated with that theme, and representative quotes. While only one quote is provided as an exemplar of each theme, each theme represents the responses and opinions of many survey respondents. Representative quotes were edited for spelling and clarity, and the names of specific military and civilian organizations were redacted when necessary.

First Responders

For many survivors, first responders (such as police officers and emergency medical technicians) are the first postvention providers with whom they interact, and these interactions can set the tone for the bereavement experience. Survivors interact with military or civilian first responders, or both, depending on the jurisdiction in which the fatality occurs; it was not always possible to identify which type of first responder the respondent encountered according to their feedback. Thus, themes identified here apply to interactions with both civilian and military first responders.

Next of Kin Feedback on First Responders

Researchers identified seven key themes in the NOK responses to questions about interactions with first responders (Table 21). Feedback was largely negative, and NOK frequently reported having difficult interactions with first responders. Many NOK indicated that the *death notification was problematic*, and that first responders provided them with *insufficient and/or incorrect information* about the status of their

family member, the cause of death, or what to expect moving forward. Many NOK noted a *lack of empathy* on the part of first responders. Respondents also often perceived that there was a *lack of a thorough investigation*, particularly when first responders stated that the manner of death was suicide, without also explaining that an investigation into the cause and manner of death would occur.

NOK who perceived that they were provided with emotional support were generally very satisfied with first responders. NOK also expressed high satisfaction when they perceived that the first responder *went "above and beyond"* the expected duties, for example by following up with the family at a later date. Finally, many NOK reported that they *experienced stigma* when interacting with first responders, often related to feeling blamed or judged because of the manner of death.

Table 21
Themes Identified in Next of Kin Feedback on First Responders

Theme	Valence	Representative Quote
Death notification was problematic	−	*"I got a call from the hospital…that was how I found out about his death. I had two sons in the Navy, both stationed in [redacted] at the time. Hospital had to put me on hold to check her records to see which one of my boys had been killed."*
Insufficient and/or incorrect information	−	*"Service members were provided with the incorrect information. They were told he was still alive and family was told he died so there was a lot of confusion and heightened emotions surrounding this."*
Lack of empathy	−	*"The officers were rude and disrespectful. I was pushed by a female officer and told to go home, that I was upsetting people. The firefighters were laughing… one of the boys' phones disappeared. I was not allowed to go near them, but they were already dead, there was no danger. It was handled horribly and with no sensitivity."*
Lack of thorough investigation (perceived)	−	*"My son's death was concluded as a suicide right away with no satisfactory investigation regarding circumstances surrounding his death."*
Emotional support	+	*"The first responder assured us that our son didn't die alone, and she was holding his hand when he passed on."*
Provider went "above and beyond"	+	*"The medical examiner met us in the middle of the night to discuss the circumstances surrounding the death of our son. He called us several times once we returned to our home and he even met us on the 1st anniversary of the death of our son."*
Experienced stigma	−	*"Since this was a suicide, I felt judged, as if I was to blame for his death."*

Fellow Unit Member Feedback on First Responders

Table 22 shows the six key themes identified in the fellow unit member responses to questions about interactions with first responders. As with NOK, responses were largely negative and frequently indicated difficult interactions with first responders. A unique theme among this group was that the fellow unit member *respondent was*

the first responder. Comments coded with this theme were generally straightforward statements indicating that the respondent filled this role. Respondents who were not themselves first responders often noted a *lack of professionalism* on the part of first responders, which included inappropriate comments, a failure to act with urgency, and a dismissive attitude to survivors. Similarly, respondents noted a *lack of empathy* from first responders. Fellow unit members frequently stated that first responders were *insensitive to needs of survivors*, and were particularly distressed when they perceived that surviving family members were not treated well. In particular, respondents frequently commented that first responders failed to provide a safe and private place for survivors to wait while the scene was being processed. Some fellow unit members also reported that they *experienced further trauma* as a result of the actions or inactions of first responders. This was often related to viewing or handling of the body. Finally, like NOK respondents, postvention satisfaction of fellow unit members often depended on the provision of *emotional support* by first responders.

Table 22
Themes Identified in Fellow Unit Member Feedback on First Responders

Theme	Valence	Representative Quote
Respondent was the first responder	+/−	*"I was one of the first responders, I was the oncoming shift and we found him because he was late for shift and not responding to our calls."*
Lack of professionalism	−	*"I was at the scene before emergency responders arrived. They were dismissive. They didn't even acknowledge that I had provided CPR. When they moved my friend's body to a gurney, they didn't cover him completely. They were disrespectful."*
Lack of empathy	−	*"The incident was during duty. The subject at question was a member of the same unit. The issue was treated like it was just another day at work, and that it was a body lost rather than a person. Not too much was done supporting the effect of the loss to the unit as a person. Numbers are always considered the top priority."*
Insensitive to needs of survivors	−	*"The first responders would not let the family inside or anywhere near the house to be able to get jackets or clothing. It was literally freezing outside and they were very rude and inhospitable to the family's needs."*
Experienced further trauma	−	*"We had to wait on my friend's front lawn (with people staring at us), and all we wanted to do was leave. Also, I thought it was VERY inappropriate for the [redacted] police to instruct my friend to cut our boss (and good friend) down after we found him hanging in the garage. We were both in shock and traumatized- having to help cut our friend down was AWFUL."*
Emotional support	+	*"[Military Criminal Investigation Office] assumed the role of on scene command of the investigation. They were VERY respectful. I say this because they were conscientious in their choice of words when interacting with members of our close knit group. They answered what questions they could. They were also highly understanding of our emotions."*

Casualty Assistance Officers

As previously described, quantitative results indicated that casualty assistance officers are the most important postvention provider with whom NOK interact. These individuals serve as the primary connection between NOK and military casualty assistance programs. While the role of casualty assistance officer is specifically designed to support families, a large number of fellow unit members indicated that they looked to the casualty assistance officer for help as well.

Next of Kin Feedback on Casualty Assistance Officers

Researchers identified nine key themes in the NOK responses to questions about interactions with casualty assistance officers (Table 23). Feedback was mixed, with many positive and negative comments regarding services provided by casualty assistance officers. NOK frequently indicated that casualty assistance officers provided them with *direct assistance*, including help with benefits forms, funeral arrangements, transportation, and provision of information. In particular, NOK appreciated the casualty assistance officer's *assistance with the funeral*. Respondents also looked to their casualty assistance officer for *emotional support* throughout the bereavement process and expressed satisfaction when it was provided. When the casualty assistance officer was *familiar with the deceased*, NOK felt particularly supported and expressed high levels of satisfaction. Similarly, NOK were satisfied when they perceived that the provider *went "above and beyond"* and was willing to assist the family with unique needs, such as caring for a family pet, providing an escort for a traveling family member, or preparing food for the family.

While many NOK reported high satisfaction with their casualty assistance officer, researchers also identified themes related to ineffective assistance and dissatisfaction. Many NOK felt that their casualty assistance officer had *insufficient training* and was therefore unable to guide the family through necessary paperwork or was unable to help them by identifying useful resources. NOK also reported receiving *insufficient information regarding benefits*, which is one of the primary responsibilities of the casualty assistance officer. NOK frequently reported problems when the *casualty assistance officer changed*, as they often experienced a lack of support from the newly assigned officer. Finally, many NOK *needed continued support* from the casualty assistance officer, but often noted that support ended with the funeral. NOK frequently suggested that casualty assistance officers should contact the family regularly to check in during the weeks and months following the funeral to ensure that all questions have been addressed and all benefits applied for and received.

Table 23
Themes Identified in Next of Kin Feedback on Casualty Assistance Officers

Theme	Valence	Representative Quote
Direct assistance	+	*"He helped us find a new place to live and helped us move."*
Assistance with the funeral	+	*"They arranged my transportation and lodging for me and made themselves available for my slightest need at the hospital. They arranged transportation to the funeral service. I cannot think of a single detail that they didn't attend to without the greatest respect and compassion for myself and my family."*
Emotional support	+	*"They listened to me with such respect when I talked about my son, never acted bored, I didn't know what to expect since it was suicide but they were truly outstanding"*
CACO familiar with the deceased	+	*"My CACO happened to be my late husband's chief. He treated me with more respect than I ever received in my life."*
Provider went 'above and beyond'	+	*"CAO went out of his way to ensure everything was okay. He even flew with me to the state where my husband was buried. He hosted a dinner for my family to show his support."*
Insufficient training	–	*"First of all, there was paperwork that was not filled out properly because the CACO was not familiar with it! Therefore, they had to make several trips to get the paperwork done correctly! They all should be trained properly!"*
Insufficient information - Benefits	–	*"I only received forms for DIC and SBP. Anything else: financial info, counseling, children benefits, life insurance continuance etc. would have been helpful."*
CACO changed	–	*"Our CACO left our state and we never heard from him again. We were assigned a new CACO who called once and we never heard another word from a CACO again."*
Families need continued support	–	*"There needs to be a scheduled financial session/callback month after the main events. I received so much information in the brief settings, I couldn't retain it all."*

Fellow Unit Member Feedback on Casualty Assistance Officers

Researchers identified seven key themes in the fellow unit member responses to questions about interactions with casualty assistance officers (Table 24). Many respondents indicated that *they were the casualty assistance officer* assigned to the case and frequently commented that they *felt unsupported* in the performance of their duties; these comments related to having insufficient resources, and/or of being questioned by superiors about the time required to successfully address the needs of the family. These respondents also complained of *insufficient training* on casualty assistance policies, stating that they need additional training in order to effectively conduct their duties.

Although the role of the casualty assistance officer is specifically to support NOK, fellow unit members also frequently looked to the casualty assistance officer for support or direction when they needed bereavement services. Many therefore

expressed frustration that they received *no direct assistance* from the casualty assistance officer. Interestingly, like NOK, fellow unit members expressed satisfaction when *the casualty assistance officer was a member of the unit*, and believed that these individuals did more to care for the surviving family than did casualty assistance officers who were not a member of the unit. While providing support to fellow unit members is generally outside the scope of casualty assistance officer's duties, casualty assistance officers nonetheless frequently provided *emotional support* to fellow unit members and *provided information* that was helpful in the bereavement process.

Table 24
Themes Identified in Fellow Unit Member Feedback on Casualty Assistance Officers

Theme	Valence	Representative Quote
Respondent was the casualty assistance officer	+/−	*"I was the CACO along with a few others."*
Casualty assistance officers felt unsupported	−	*"I was questioned as to the validity of having to travel and stay 3 days to Illinois to arrange and attend the funeral and about reimbursement."*
Insufficient training	−	*"[I needed an] actual class on CAR responsibilities and information that would be more helpful in dealing with the deceased's family members."*
No direct assistance	−	*"CACO focused on deceased family, no support provided to crew."*
CACO was a member of the unit	+	*"All personnel involved were treated with respect during a difficult time. CACO was a member of the unit."*
Emotional support	+	*"They [were] caring, supportive and listened to us. It was a tough time."*
Provided information	+	*"Information was shared in order to help the unit members and the family deal with our loss of this Soldier."*

Unit Commanders

Unit commanders serve an important role in the bereavement process for both families and fellow unit members. Families look to commanders for guidance and recognition of their loved one's service, while fellow unit members rely on commanders for notification of the death and to assist with coordination of bereavement resources.

Next of Kin Feedback on Unit Commanders

Table 25 shows the seven key themes identified in the NOK responses to questions about interactions with unit commanders. Feedback was mixed, with NOK reporting both positive and negative interactions with unit commanders. Negative feedback was generally related to *impersonal communication* or *lack of communication*. NOK felt disappointed when commanders failed to call them or

when they received brief "form letters" instead of personalized letters. Similarly, many NOK indicated a *lack of practical and emotional support* when they were not afforded the opportunity to visit with or talk with the commander.

Conversely, NOK expressed high satisfaction when unit commanders reached out to provide *emotional support* and connect with the family. This was highlighted by *participation in the family funeral*; NOK were extremely appreciative when the unit commander made the effort to attend and participate. Similarly, NOK were highly appreciative of *being invited to the military memorial*, when one was held on base. Moreover, NOK were deeply appreciative when the commander assisted in *connecting family with fellow unit members*. This tended to occur at the family funeral and the military memorial, but also in less formal ways such as facilitating the sharing of contact information.

Table 25
Themes Identified in Next of Kin Feedback on Unit Commanders

Theme	Valence	Representative Quote
Impersonal communication	−	*"The only interaction I had was a letter mailed stating they were sorry for my loss, however, he spelled my husband's name incorrectly, so I discarded it. I would have greatly appreciated a phone call over a short letter of sorrow."*
Lack of communication	−	*"I'm not sure if we ever met the one in charge when he died as the one was retiring and a new one was taking over. Doesn't matter. Neither one had any time for us."*
Lack of practical and emotional support	−	*"We should have been invited to the memorial service. When we did travel to the base, we were left sitting at the gate for about an hour, driven to the dorm in a dirty old van, then asked what we wanted to see. We were not given a meeting with his Commander. We were not given the chance to visit the people who found him or responded to him. We were told that they would not have any sort of memorial on base for my son because they did not want to make him a 'hero'."*
Emotional support	+	*"My brother's commanding officers flew from Alaska to his funeral in West Virginia, to comfort my parents. This gesture was one of the only things that actually comforted my parents."*
Participation in the family funeral	+	*"The Commander spoke at my son's funeral service. I was very honored that he would take the time to be there to honor my son's service."*
Inviting family to the military memorial	+	*"They held a nice memorial for our son and gave us pictures of him in service and a flag."*
Connecting family with fellow unit members	+	*"The Unit Commander put me in direct contact with Service members who knew my son and also with the Command Master Chief. They were all very helpful to me. They were also very respectful and professional in providing a memorial service for me, my family, and my son's shipmates."*

Fellow Unit Member Feedback on Unit Commanders and Other Military Personnel

Researchers identified eight key themes in the fellow unit member responses to questions about interactions with unit commanders and other military personnel (Table 26). Responses were primarily negative, and fellow unit members frequently indicated difficult interactions with commanders and other military personnel following the suicide death of a Service member.

Fellow unit members frequently indicated that commanders provided *insufficient information,* particularly in relation to notification of the death. Additionally, insufficient information regarding the circumstances of death often led to rumors and widespread speculation regarding events. Responses also indicate a *lack of support or communication to deployed and TDY members,* who often learned about the death through informal channels and indicated that bereavement services were not offered during deployment or when the unit member returned to his or her home station. The most common concern of fellow unit members was *insufficient time to mourn*; many respondents noted that they were expected to continue with training or other job duties despite being overwhelmed by grief. Similarly, many fellow unit members requested permission from commanders but were *not allowed to attend the funeral.* Respondents also reported a *lack of emotional support* from their commanders and other military personnel, who they felt did not know what to do or say to be supportive. Some unit members reported that commanders or supervisors made *inappropriate remarks* regarding the suicide death. These remarks were frequently perceived as insensitive, blaming, or disrespectful to the deceased. Fellow unit members noted that sometimes unit commanders made impersonal remarks about the deceased because they did not know the deceased Service member well. Fellow unit members also frequently noted that they *needed but did not receive mental health services*, and would have liked more direct assistance from their command in connecting with mental health services.

Some respondents reported positive experiences with their chain of command in the aftermath of a fellow unit member's suicide. For some, the chain of command *went "above and beyond"* in their attempts to support the unit, and these efforts were appreciated. As with other postvention providers and services, fellow unit members were keenly aware of the interactions between the chain of command and surviving family members, and expressed satisfaction with unit commanders when they perceived that bereaved family members were treated well.

Table 26
Themes Identified in Fellow Unit Member Feedback on Unit Commanders and Other Military Personnel

Theme	Valence	Representative Quote
Insufficient information	–	*"The unit was not informed about his death. He simply disappeared from our ranks and nothing was announced regarding a memorial ceremony or anything else."*
Lack of support/ communication to deployed and TDY	–	*"I was TDY when the suicide occurred. It would have been nice if I was at least contacted by my unit about this (commander, DO, supervisor/flight commander, superintendent, etc.). The only notification I got was a wing email. I didn't even know the circumstances until I returned from TDY. I was never talked to about this by anyone in a leadership position! Unbelievable!"*
Insufficient time to mourn	–	*"We had a training exercise that should have been postponed so we could mourn the loss of this Soldier, but life just went on - business as usual. Mission first, I suppose!"*
Not allowed to attend funeral	–	*"When our Teams came back from deployment, there was a ceremony held for our friend in another state. I feel like the unit, given how small our group was, could have and should have provided transportation and time to attend that ceremony. Also, we were told we had to be back to work the next day. I felt it was a bit insensitive, given the nature of the situation. We were attending the death of a friend. We weren't asking for a vacation, just time to get to the ceremony, attend, and return. They said we would have to take leave for it or be on duty the next day. We attended a ramp ceremony in country and were back on mission the next day. A couple of days back in America to pay respect to our friend didn't seem like asking for much."*
Lack of emotional support	–	*"Most of the military personnel didn't know how to react to me and my friend. They generally tried to avoid us. … I think everyone was afraid we would kill ourselves too, but that's not the case AT ALL. We just needed time to process and deal with what we experienced."*
Inappropriate remarks	–	*"The Commander specifically told the unit they believed the Soldier only did this to spite them."*
Needed but did not receive mental health services	–	*"Not myself, but his closer friends did not receive any follow on services and they turned to alcohol to cope."*
Went "above and beyond"	+	*"Chain of command tried everything to ensure the family and soldiers were taken care. Held meeting with Seniors to help with any family matters. Everything from the memorial to checking on her family and child was given top priority by the 1SG and Commander."*

Death Investigation

Following the death of a Service member by apparent suicide, law enforcement professionals conduct a death investigation to determine both the cause and manner of death. Depending upon the jurisdiction in which the death occurred, this investigation may be led by military or civilian law enforcement authorities, or may involve both. Death investigations may be completed quickly or may take many

months, or even years, to complete. This investigation is conducted separately from the Line of Duty (LOD) investigation by the deceased's command, which must be conducted for the non-combat related death of any active duty Service member. It is the duty of the casualty assistance officer and the MCIO family liaison to assist NOK with obtaining copies of all reports.

Next of Kin Feedback on the Death Investigation

Table 27 shows the seven key themes identified in the NOK responses to questions about their experience with the death investigation. Feedback was overwhelmingly negative, and NOK consistently described their experience with the death investigation as one of the most difficult parts of the bereavement process.

Respondents often perceived that the *investigation was not thorough*, and frequently attributed this to the manner of death (i.e., suicide). Many respondents reported a *lack of professionalism* by investigators, noting inappropriate language, failure to return telephone calls, and callousness when dealing with survivors. Family members were particularly troubled by their experiences with being interviewed by law enforcement; often *interviews were perceived as disrespectful* and sometimes *interviews were perceived to be an "interrogation."* Respondents also frequently *felt personally blamed* by the investigator due to the manner of the death. Finally, NOK consistently reported *difficulty obtaining a copy of the investigative report* and frequently noted a *lack of closure* and dissatisfaction with the death investigation.

Table 27
Themes Identified in Next of Kin Feedback on the Death Investigation

Theme	Valence	Representative Quote
Investigation perceived as not thorough	–	*"It was immediately concluded as a suicide, therefore, I feel (an) in depth investigation was not done"*
Lack of professionalism	–	*"Unit would not cooperate or return calls. When people would answer the phone at the unit they referred to me the caller as "dead guy's wife." They were very rude and the whole situation was not handled appropriately."*
Interview perceived as disrespectful	–	*"I felt that I was not given much respect when talking with them because of his death. I was extremely upset with the way they falsely reported things in my interview, even though they taped it. I can't express my complete lack of dissatisfaction with the whole [redacted] process."*
Interview perceived to be an "interrogation"	–	*"My children were interviewed about their interactions with their father the day of the incident. They were almost interrogated. The children were 11 and 6 at the time. They were literally interrogated by the military. I was interrogated as well. I had phone records where I had spoken to him on the phone and they could have pinged my phone to determine we were not in the area. While I understand an ex is always considered a "suspect," I felt I was being criminally investigated. This could have been handled so much better."*

Theme	Valence	Representative Quote
Felt personally blamed	−	*"My husband's death was a suicide. I was treated like I had been the cause."*
Difficulty obtaining a copy of the investigative report	−	*"It's been 2 1/2 years since my son died. I haven't received the CID report yet. I have been treated with less respect."*
Lack of Closure	−	*"Any kind of assistance in understanding the details in the death of our son would have been beneficial. We still 5 years later feel very lost in that aspect. Truth in the investigation would have been helpful."*

Fellow Unit Member Feedback on the Death Investigation

Table 28 shows the four key themes identified in the fellow unit member responses to questions about the death investigation. Fellow unit members were less likely than family members to interact with investigators, and had fewer comments regarding this component of postvention.

Fellow unit members had a more positive view of the death investigation than did family members. For instance, many fellow unit members felt that the death investigation was handled in a way that was *professional*. While family members found the limiting of information to be disrespectful, some fellow unit members experienced this as *respectful*. However, like NOK, many fellow unit members believed that the *investigation was not thorough* and *questioned the cause of death* that was determined.

Table 28
Themes Identified in Fellow Unit Member Feedback on Death Investigation

Theme	Valence	Representative Quote
Professional	+	*"Investigation of the suicide was kept very private. As a person who was uninvolved, I really had very little knowledge of the investigation or its findings. I believe that the investigation and its results were handled discretely, as they should have been. Details were not public knowledge."*
Respectful	+	*"It was done with the upmost respect for the spouse and those involved."*
Investigation perceived as not thorough	−	*"The death was characterized as a suicide immediately at the scene. The investigator seemed to be content with that determination prior to any evidence gathering."*
Questioning the cause of death	−	*"I felt they closed the investigation too quickly. The results didn't make sense."*

Funerals and Memorial Services

In relation to military casualty assistance and postvention services, funerals and military memorial services are distinct events. Funerals are generally organized by the family, even when military funeral honors are performed, whereas military memorials are organized by the unit for its members. However, it is not uncommon

for some fellow unit members to attend the family funeral, and for some family members to attend the military memorial; DoD policies support both under specific circumstances. Moreover, fellow unit members are often asked to take on formal roles in the family funeral, such as speaker, pallbearer, or member of the honor guard. Because respondents were asked to provide feedback on their experiences with "funeral and memorial services," responses to questions regarding funerals, memorials, and the provision of military honors were examined together.

Next of Kin Feedback on Funerals and Memorial Services

Researchers identified seven key themes in the NOK responses to questions about their experience with funerals and memorial services (Table 29). The majority of responses were positive. Respondents frequently stated that they felt *honored by the military memorial service*, which was viewed as a special *opportunity to connect with fellow unit members* of their loved one. NOK expressed deep satisfaction when funerals and memorials were well-attended, particularly by other Service members, highlighting that *funeral attendance is important to families*. Similarly, *participation of fellow unit members in the funeral* (as pallbearers, speakers, etc.) was important to families and a frequently identified source of satisfaction with the funeral service.

NOK expressed dissatisfaction with funerals and memorials and felt disrespected when *military honors were not performed well*. However, the primary source of NOK dissatisfaction with regard to funerals and memorials was related to *complex survivor relationships*: conflict arose due to the presence or behavior of another family member, or when the respondent was not officially recognized as a survivor during the ceremony. This was most notable with regard to *the flag presentation* during military funeral honors when a parent or spouse did not receive a ceremonial flag. NOK felt greater satisfaction and respect when efforts were made to provide additional flags during these ceremonies.

Table 29
Themes Identified in Next of Kin Feedback on Funerals and Memorial Services

Theme	Valence	Representative Quote
Honored by military memorial service	+	*"It was an honor for my family and I to have been provided with a memorial service on the military installation to remember my husband."*
Opportunity to connect with fellow unit members	+	*"Several of the men he served with were allowed to come, which meant the world to me. I never met them before, but now I feel like I have sons all over the world."*
Funeral attendance is important to families	+	*"The attendance was truly unbelievable. I've attended many, many military funerals in my life, and had not seen one so heavily attended for a single loss."*
Participation of fellow unit members in the funeral	+	*"The funeral honors were performed by the staff members and company commanders who had trained my husband in school, I was personally close with these men as well and it meant a lot to me that they were there performing the honors instead of strangers."*

Theme	Valence	Representative Quote
Military honors not performed well	−	*"They botched a few of the rituals, including the flag folding ceremony. The flag was very sloppily folded and wouldn't stay together. Some family friends had to refold it."*
Complex survivor relationships	−	*"My husband left his family in charge of the services. My daughter and I basically had to fight for the flag on the casket. We were disrespected by his family the whole service."*
Flag presentation	+	*"An additional flag was allowed to her only sister who was young (12) and it meant a lot to her."*

Fellow Unit Member Feedback on Funerals and Memorial Services

Researchers identified eight key themes in the fellow unit member responses to questions about funerals and memorial services (Table 30). Fellow unit members had mixed responses to the funerals and memorial services with both positive and negative sentiments. Fellow unit members expressed dissatisfaction when they were *unable to attend the funeral or memorial service,* which often occurred because they were not allowed to take time away from work to attend. Due to time and resource constraints, fellow unit members were much more likely to receive permission to attend an on-base military memorial than the family funeral. Respondents indicated that one of the reasons that they wanted to attend the funeral was the *importance of contact with the family*. Indeed, across postvention providers and services, fellow unit members regularly commented that connecting with and supporting the family was important to them in their bereavement. Fellow unit members also repeatedly noted that they were satisfied by the *participation of fellow unit members in the funeral*, noting that those who knew the decedent were best positioned to provide comfort and support to the family.

When describing the reasons for their satisfaction or dissatisfaction with the funeral and memorial services, fellow unit members most commonly described their perception of the provision of military honors. When *military honors were not performed well,* fellow unit members were extremely displeased. A large number of fellow unit members reported being extremely dissatisfied with the appearance and outfitting of the honor guard, the firing volley, the playing of Taps via recording, and the folding of the flag, as these were often perceived to be poorly done. Conversely, when these ceremonies were performed well, respondents perceived that *military funeral honors were respectful.*

A number of respondents indicated that the *cause of death impacted services provided*; these unit members believed that the decedent and sometimes the family were treated with less respect because the individual died by suicide. Many respondents reported that they observed or *experienced stigma* as a result of the cause of death. This often manifested in the form of *inappropriate remarks* about suicide made by unit commanders, chaplains, and others called on to speak at funerals and memorials.

Table 30
Themes Identified in Fellow Unit Member Feedback on Funerals and Memorial Services

Theme	Valence	Representative Quote
Unable to attend funeral/memorial	−	*"We could attend the memorial by the unit, but were forbidden to travel to his actual funeral. We were literally threatened with UCMJ action"*
Importance of contact with the family	+	*"During the memorial, the service was standard, but we were able to interact with the family of my deceased friend after the service. We were able to spend some time sharing positive memories about my friend and that led to some healing for the both of us."*
Participation of fellow unit members in the funeral	+	*"The funeral services were conducted by military personnel who worked closest to the deceased and therefore were conducted with the upmost respect toward the deceased and his family. Many of the personnel involved in the service had a personal relationship with the deceased and his family."*
Military funeral honors not performed well	−	*"Very unorganized. Honor guard looked terrible and barely made any effort."*
Military funeral honors were respectful	+	*"Not only did the Army give the flag to the wife, but we gave a flag to each of the children along with the gold star. I thought that was very good for the family and also the unit."*
Cause of death impacted services provided	−	*"Everyone knew how he died and I think that impacted a lot of the lack of care in planning and executing the funeral."*
Experienced stigma	−	*"It was a good ceremony but it was a suicide so you had leadership busy and less attended than other death ceremonies and the verbiage used during the ceremony was different and the level of services provided to the family of the deceased was the most regrettable. …to take the cause of death and attribute that to some level of military honors does harm to the living family members, IMO."*
Inappropriate remarks	−	*"The unit leadership who spoke turned this memorial service into a safety brief of sorts, blaming his actions and "poor choices" for why we lost him. …Yes he did commit suicide, but his memorial service is not a place to disrespect him or discuss why suicide is wrong. This was not the first memorial where this chain of command did this."*

Counseling Services and Other Feedback

In addition to providing feedback on interactions with first responders, casualty assistance officers, unit commanders, the death investigation, and funerals and memorials, respondents had the opportunity to provide feedback and suggestions regarding other postvention services that they utilized or needed. The majority of this feedback is on mental health and counseling services.

Next of Kin Feedback on Counseling Services

Researchers identified six key themes in the NOK responses to questions about other postvention providers and services (Table 31). NOK shared feedback on providers and services that were useful to them as well as those that were difficult to access. Many of the developed themes were related to mental health services and bereavement counseling. Those NOK who were able to access these types of services consistently described *mental health counseling as helpful.* Survivors described benefiting from services provided by Vet Centers[11], the VA, community therapists, and military grief counselors. However, many NOK also reported that it was difficult or impossible to access bereavement counseling services. In particular, NOK noted that *counseling for children was difficult to access*. While dependents of Service members are eligible for counseling at Vet Centers, many Vet Centers do not have trained child psychologists available to provide these services. Child siblings of Service members have even fewer resources available to them, as they do not qualify for the same services as dependents. Similarly, respondents noted that *counseling for those in remote areas is difficult to access*.

NOK respondents also provided additional feedback regarding the services and interactions that were most helpful to them. Many family members identified *interacting with fellow unit members as helpful.* These interactions were often informal and involved fellow unit members reaching out to the family to express condolences and support. NOK also reported that services which allowed them to feel a *continued connection to the military* were very helpful. NOK particularly appreciated postvention providers who stayed in contact with the family throughout the bereavement process, and provided continued support and *ongoing communication*.

Table 31
Themes Identified for Counseling Services and Other Feedback from Next-of-Kin

Theme	Valence	Representative Quote
Mental health counseling was helpful	+	*"Individual therapy sessions that included cognitive behavioral therapy, talk therapy and EMDR were very helpful, especially since my therapist had a lot of experience with grief counseling."*
Counseling for children is difficult to access	−	*"There needs to be more programs for the children, especially ones catered to ones who never met their dad. Their grief is very different compared to ones that have met their dads. It is very confusing for them and there isn't really any support for that."*

[11] Vet Centers are community based organizations which provide counseling, outreach, and referral services to eligible Veterans and surviving family members, and are administered by the U.S. Department of Veterans Affairs.

Theme	Valence	Representative Quote
Counseling for those in remote areas is difficult to access	–	*"We live 5 hours from the nearest Base, so most of the services I used were online. I would've really liked to have had a face-to-face grief support group, one specifically for those in the military, available for me to attend. I do understand that providing such a group can be logistically challenging when you are serving next-of-kin who live hundreds of miles away from Bases."*
Interacting with fellow unit members was helpful	+	*"The most helpful was the contact I had with his team mates. For 19, 20 and 21 year olds, they were the most caring and understanding young men I've ever met. I never would have made it without them. They still message me to see how I might (be) doing, post pictures of them and my son, and even [come] to visit. Some have driven hours just to visit his grave and they send me pictures to let me know they were there."*
Continued connection to the military	+	*"The [long-term support program]… has provided us with information and a point of contact for us… opportunities to participate in events with other survivors … makes me feel like we're still a part of the Navy family."*
Ongoing communication	+	*"The regular correspondence Cards and Newsletters from the military bereavement coordinator supporting us helps the family know that our deceased Service member is not and will not be forgotten… a great comfort knowing that support is available to us."*

Fellow Unit Member Feedback on Counseling Services

Table 32 shows the six key themes identified in the fellow unit member responses to questions about other postvention providers and services. Fellow unit members shared feedback on providers and services that were useful to them, as well as those that were difficult to access. Most fellow unit members reported that they did not seek bereavement services or support. Sometimes, unit members indicated that they were *unaware of services*, while others indicated that they were *aware of, but didn't use services*. Both groups frequently made statements indicating a belief that their Service component failed to recognize or care for the needs of surviving Service members. A smaller, but not insignificant, number of fellow unit members reported that they or their peers engaged in some form of *maladaptive coping* in response to bereavement. This often involved excessive alcohol use, social isolation, or both. Many respondents indicated that they would have engaged with services if it had been easier to do so, and many provided a *suggestion for services to come to the unit*.

Fellow unit members also reported positive interactions with other postvention service providers. Respondents indicated that they *sought support from the chaplain*, because this individual was easily accessible. The most commonly used resource however, was *informal peer support*. Service members reported relying upon close friends, family, and fellow unit members to help them cope with the grief that they experienced.

Table 32
Themes Identified for Counseling Services and Other Feedback from Fellow Unit Members

Theme	Valence	Representative Quote
Unaware of services	−	*"I never used any organization, I tried to deal with it on my own because I was not aware of any other help that was there. The [Service Branch] only focuses on the immediate family members and not close friends, not realizing the friends suffer as much as the family."*
Aware of, but didn't use services	−	*"I didn't use any of them. I usually keep my personal feelings under my own hat. My experiences with the [Service Branch] left me with the impression that they just didn't care about their people or their people's welfare."*
Maladaptive coping	−	*"My buddies and I got black-out drunk and cried a lot the night he died. Then we did our best not to talk about it from that night forward."*
Suggestion for services to come to unit	−	*"It would have been nice for mental health and the chaplain to come to guard mount to reinforce the idea that they are available."*
Sought support from the chaplain	+	*"I stayed with chaplain counseling due to the fact that I was already seeing the chaplain on a regular basis for counseling for a personal matter. The chaplain flawlessly and seamlessly merged the issues into my sessions with him. A truly wonderful chaplain and counselor."*
Informal peer support	+	*"Many of us within the squadron shared our grief and stories of the deceased; through that we helped each other heal."*

DISCUSSION AND RECOMMENDATIONS

Results from quantitative analyses indicated that suicide loss survivors experienced more shame and stigma than accident loss survivors, and that this association was not explained by differences in overall satisfaction with postvention. However, lower postvention satisfaction was associated with poorer psychological outcomes for both groups, and suicide loss survivors reported lower overall postvention satisfaction than did accident loss survivors. Among NOK, suicide loss survivors were less satisfied than accident loss survivors with their experiences related to the death investigation. Among fellow unit members, suicide loss survivors were less satisfied than accident loss survivors with the funeral or memorial service and their unit leadership. These findings highlight the importance of postvention and its association with the psychological outcomes of survivors (both suicide and accident loss survivors) 2 to 6 years after a death occurred. These findings also indicate that suicide loss is unique in the shame and stigma that survivors experience.

Qualitative data contextualized these findings and also provided insights into other areas in which survivors reported that their bereavement needs were not met. In synthesizing quantitative and qualitative results, nine major findings emerged that reflect specific NOK and fellow unit member experiences, as well as mutual concerns that were expressed by both groups. We highlight these findings as areas where bereavement, casualty assistance, and postvention services for survivors can be improved and provide recommendations for ways to increase consistency of the support provided to family and fellow unit members following the suicide death of a Service member. When possible, we indicate which DoD office may be responsible for addressing the recommendation. When left unspecified, the policy stakeholders (e.g., DSPO and the DoD Casualty Advisory Board [CAB]) will need to work together to jointly assign responsibilities for these recommendations. DSPO, Service-level Suicide Prevention Program Managers (SPPMs) and members of the CAB reviewed and provided input on the earlier drafts of these recommendations. At the invitation of DSPO, a postvention subject matter expert from TAPS also provided feedback on the recommendations. While DSPO, SPPMs, and CAB provided feedback on the recommendations, we recognize that this does not necessarily represent concurrence with all recommendations.

For each major finding, we provide a description of the synthesized results, representative quotes, and recommended actions that can be taken to address the finding.

SURVIVOR'S INTERACTION WITH FIRST RESPONDERS

When NOK expressed dissatisfaction with their interactions with first responders, they indicated that they received little privacy, emotional support, and communication of information from first responders.

Because first responders are often the first postvention providers with whom NOK and family members interact, they are very important for setting the tone of survivors' bereavement experiences. NOK who interacted with first responders reported that they did not always receive privacy or emotional support (reported by suicide loss survivors 37% and 37% of the time, respectively, and reported by accident loss survivors 23% and 49% of the time, respectively). In addition, fellow unit members expressed dissatisfaction with first responders when they perceived that family members were not treated with compassion and sensitivity.

While there were no differences between suicide and accident loss survivors in their overall satisfaction with first responders and perceptions of how helpful, respectful, and caring they were, family members who experienced a suicide loss reported that they were less confident that first responders (e.g., police officers, firefighters, and emergency medical personnel) provided them with accurate information, and were significantly less satisfied with the process of the death investigation than were family members with an accident loss. A theme that emerged in the qualitative data was that NOK and fellow unit members lost confidence in the quality of the suicide death investigation when first responders at the investigation scene indicated that they believed the death to be a suicide and did not explain that a comprehensive death investigation would occur.

Among NOK, 33.2% of respondents reported interacting with first responders, and of these, 45.4% of NOK reported that the first responder was affiliated with the military (41.9% of suicide loss survivors and 52.2% of accident loss survivors). Therefore, about half of the time, NOK indicated that the first responder was from a civilian agency, and not under military jurisdiction. While these findings and comments are based on survivors' interactions with both civilian and military first responders, the following recommendation is suggested to military first responders to better ensure consistency in their interactions with suicide loss survivors. Most importantly, these best practices should also be shared with civilian counterparts because they are the ones who most commonly interact with survivors of military suicide loss. It is understood that DoD has limited control over operational practices of civilian first responders, but may be able to advocate best practices reflected in Recommendation 1.

Recommendation 1

First responders (military and civilian) should receive additional training on best practices for interacting with family members and fellow unit members at the investigation scene. For DoD, this additional training may address:

- How to provide emotional support and exhibit sensitivity to survivors at the scene of an investigation. This may include arranging a private place, away from onlookers, for NOK or other affected survivors to wait.
- How to speak about the cause of death. Subject-matter experts suggest that first responders refrain from speaking about the *manner* of death (e.g., suicide) with any survivors at the scene and only speak about the *cause* of death (e.g., gunshot wound) if necessary.
- How to provide information on the death investigation. First responders should be trained to explain that a death investigation will be conducted and to provide survivors with

Recommendation 1
instructions on how to obtain further information. As part of the mutual aid agreements that are authorized under DoDI 6055.06, these best practices should be shared with civilian counterparts located near military installations. Many suicide deaths occur in the community, outside of DoD jurisdiction, and civilian first responders frequently interact with family and fellow unit members.

DEATH INVESTIGATION INTERVIEW AND COMMUNICATION

NOK suicide loss survivors were significantly less satisfied with the death investigation process. In particular, family members reported feeling "interrogated" or blamed during the interview, and frequently reported difficulty obtaining information about the investigation throughout the process and upon its completion.

Most NOK were aware that a death investigation (not the line-of-duty investigation) occurred following the Service member's death (81.8% of suicide loss survivors and 74.7% of accident loss survivors), and a higher percentage of NOK suicide loss survivors (66.7%) compared to accident loss survivors (28.3%) indicated that they were interviewed about or asked to discuss the circumstances surrounding the Service member's death as part of the investigation. Quantitative analyses found that NOK suicide loss survivors were significantly less satisfied than accident loss survivors with the way in which the death investigation was conducted, and a higher percentage of suicide loss survivors (20.0%) compared to accident-loss survivors (10.7%) believed that the death investigation was handled with less respect due to the cause of the Service member's death. A theme that emerged in these NOK's open-ended comments was that suicide loss NOK felt blamed or "interrogated" by the interviewer, and at times, treated as the cause of the suicide. Unfortunately, this impression may arise because investigators conduct these investigations as homicide investigations until they are able to determine that a suicide occurred, because investigators need to rule out foul play before they can determine whether or not the NOK is a person of interest.

Current DoD policy outlines that the MCIO's Family Liaison Program has a responsibility to inform the family of the death investigation progress and to furnish the investigative report to the family when the MCIO is the lead investigative agency, if requested (DoDI 5505.10). In addition, the duties of the casualty assistance officer include "provide the Primary Next of Kin (PNOK) and parents with current information about ongoing investigations (if applicable) and the process for obtaining a copy of such investigations; the process for obtaining a copy of any autopsies (if conducted); the current status on the return of personal effects; and facilitate obtaining additional copies of the Report of Casualty (DD Form 1300), if requested" (DoDI 1300.18). Despite these policies, NOK suicide loss survivors reported that there was a lack of communication throughout the investigative process, especially when investigators did not return telephone calls, and that they had difficulty obtaining a copy of the death investigation report once the investigation was complete.

Among NOK suicide loss survivors, 70.0% of respondents indicated that they were interviewed by a military investigator only, 10.0% of respondents were interviewed by a civilian investigator only, and 13.3% of respondents were interviewed by both civilian and military investigators. The remaining 6.7% of respondents indicated they were unsure of the investigator's affiliation. These percentages and those recently reported by DoD Inspector General (2017) underscore that a portion of suicide death investigations occur off-base, limiting the military's ability to control the investigation. Therefore, best practices should be shared with civilian counterparts to ensure consistency in handling of suicide death investigations by both military and civilian investigative organizations.

Recommendations 2a, 2b
2a: Encourage stigma-free language throughout the death investigation and encourage personnel involved in this process to avoid language that appears to place blame on family members. One way to avoid giving the impression that the family is being blamed for the Service member's death is to convey, when appropriate, that the family is being interviewed because they may have key information that could inform the investigation. As much as possible, and when appropriate, convey to family members that they are not being personally blamed for the death of the Service member (for other suggestions for how to provide information about the death investigation process, see the "Postvention for Chaplains" webinar on USMilitaryMatters.org).
2b: Develop a process to improve coordination and proactive sharing of investigative information by MCIOs with the Service member's command and the casualty assistance officer (or casualty affairs long-term assistance program) to ensure timely notification and routine status reporting of information to the family throughout the lifecycle of the investigative process (see for example, Chiarelli's (2010) "NOK Report Team" process as outlined in *Army Health Promotion Risk Reduction Suicide Prevention Report*). Improvements to the proactive sharing of information on the part of MCIOs with the Service member's command and the casualty assistance officer (or casualty affairs long-term assistance program) will improve messaging to NOK on the status and process of investigations, and may increase the understanding that investigations can take as long as 1 year to complete and that Freedom of Information Act (FOIA) requests for the investigative report may take additional months to process.

MILITARY MEMORIAL SERVICES CONDUCTED FOR SUICIDE DEATHS

Attendants of some military memorial services for Service members who died by suicide reported experiencing stigma at the memorial service because the speakers were impersonal and unemotional, or focused on the suicide death rather than honoring the deceased's life.

Across all mental health outcomes examined, significant differences between the suicide loss and accident loss survivor groups were found only for levels of shame and stigma. Survivors of suicide loss (NOK and fellow unit members) were significantly more likely to report experiencing shame and stigma than survivors of accident loss. In particular, there were many comments indicating that respondents experienced stigma at the memorial service because a memorial speaker was impersonal and unemotional, or focused on the suicide death rather than honoring the life of the deceased.

Conversely, when the funeral or memorial services were well organized and conducted professionally, survivors expressed satisfaction. NOK in particular were touched when they perceived that the funeral or memorial service was well attended.

Recommendation 3
To assist commanders in implementing Defense Suicide Prevention Program guidance on unit memorial services (DoDI 6490.16), DSPO should provide a detailed guide for respectful discussion of suicide at unit-sponsored memorial services to chaplains, unit commanders, and others who are called upon to speak at these memorials. Additional information and training is needed regarding how speakers can avoid language that contributes to shame and stigma, while providing remarks that are personal and celebrate the service of the deceased. This guide will not consist of a script, but rather will include a number of considerations and suggestions. The guide should emphasize also that the funeral and memorial are opportunities for family members, friends, and colleagues to grieve and are not the appropriate setting for suicide prevention education or for discussion of suicide more generally. This guidance will also be useful for commanders and chaplains who may be asked to speak at the family funeral.

NOK INTERACTION WITH UNIT COMMANDERS AND LEADERSHIP

When NOK indicated that they did not have positive interactions with the unit commander, it was often due to impersonal interactions or a lack of provided emotional support.

NOK who interacted with unit commanders following the Service member's death expressed satisfaction and gratitude when the unit commander participated in or attended the family funeral, invited the family to the unit memorial, connected family members with fellow unit members, and made efforts to provide emotional support to the family of the deceased.

However, other NOK indicated that they did not have positive interactions with the unit commander. A small number of NOK indicated that the letter of condolence (as instructed in DoDI 1300.18) was the only communication that they received from the unit commander following their loved one's death. NOK expressed even more disappointment when the letter appeared to be impersonal (e.g., "a form letter"). NOK also reported that other communication with commanders was impersonal or completely lacking, contributing to the sense that the commander provided no emotional or practical support.

One reason why NOK may have perceived a lack of support from the unit commander is that the deceased Service member was new to the unit and not yet well known by the unit commander. This circumstance was identified by the fellow unit members, who noted that in this situation, the unit commanders were not well positioned to show respect for the deceased and as a result, provide the necessary support to the family.

Recommendations 4a, 4b
4a: Provide guidance and best practices to unit commanders on interacting with bereaved family members. Information can be disseminated using a pamphlet or training. Best practices to emphasize should include: • Letter of sympathy or condolence: Ensure that the letter of sympathy or condolence is checked carefully to avoid any typographical errors (e.g., deceased's name is spelled correctly). Consider personalizing the letter so that it does not appear to be a form letter. • Condolence call: In addition to the letter of sympathy or condolence, unit commanders or an appropriate representative should contact NOK by telephone to express condolences following the family's notification of the death by casualty affairs. DSPO or SPPMs (regional or Service Branch-level) should provide guidance on what should and should not be said during a condolence call. • Funeral and/or memorial services: Unit commanders or an appropriate leadership representative should attend hometown and military funerals whenever possible, and should meet with NOK at on-base military memorial services. Provide guidance for speaking at the funeral and/or memorial services (see Recommendation 3). • Follow-up call: If appropriate and deemed to contribute to the family's sense of closure, some Service-level SPPMs recommend encouraging unit commanders or a unit representative to conduct a follow-up call with the family approximately 3 to 6 months following the death. If the death investigation has not concluded, the caller may require information from the MCIO regarding the status of the investigation (see Recommendation 2b) or should consider calling at the conclusion of the death investigation. The unit commander may wish to seek input from the Service casualty assistance office in determining the suitability of conducting this follow-up call.
4b: If the deceased was a member of the unit for less than 60 days, the current unit commander should consider notifying the Service member's prior unit commander of the death, after NOK have received official notification. In some situations this may be unnecessary; for example, if the deceased Service member's recently came from a training command. The prior unit commander may also wish to express condolences to the family, and attend or participate in the funeral or memorial service at the family's invitation. Having received notification, the prior unit commander will be able to inform members of his or her command, so that former unit members receive direct notification of death. Former unit members may also wish to contact the family or attend the funeral or memorial.

FELLOW UNIT MEMBER BEREAVEMENT SUPPORT

Fellow unit members reported that they were not given adequate assistance in the bereavement process, or sufficient time to grieve by their command leadership, particularly if they had moved recently (i.e., Permanent Change of Station [PCS]), were on Temporary Duty (TDY), or were deployed at the time of the death.

Fellow unit members need time to process and grieve the death of a colleague, especially if they were close to the deceased. Service members reported feeling that they did not have sufficient time to mourn the death of a fellow unit member, particularly when (1) the death occurred close to or during a deployment and services could not be accessed easily; (2) Service members were made to return to work, training, or testing very soon after the death; or (3) Service members were barred by their leadership from taking time to attend a funeral or memorial service.

In addition, several fellow unit members reported that they were not notified of a former fellow unit member's death. Those who received official notification from their units were grateful to be informed in a timely manner and/or to have the

opportunity to be participate in the unit memorial. Service members who were not notified of a fellow unit member's death through official channels expressed disappointment in their leadership and recommended that efforts to reach out to affected Service members, including those who previously served together in a unit, be improved.

Fellow unit members also reported dissatisfaction with their commanders and leadership when these individuals appeared to be unaware of what to do or say to be supportive to the unit. In particular, when the death was due to suicide, some commanders or supervisors made remarks that were perceived to be inappropriate, insensitive, blaming, or disrespectful to the deceased. In contrast, when those in the chain of command went above and beyond to ensure that the unit and the deceased's family were well cared for, fellow unit members expressed appreciation and satisfaction with their leadership's actions.

Some unit members indicated that they were the ones supporting other bereaved unit members, so they themselves did not have time to mourn. Other Service members in the position of providing support to others cautioned, however, that sending unit members home for "alone time" for 1-2 days following a death was counterproductive – Service members would be left alone with their grief, and may engage in unhealthy coping mechanisms, such as binge drinking. Instead, these Service members advocated encouraging unit support and grieving together.

Recommendations 5a – 5c
5a: Enhance current practices to better support Service members' bereavement following the death of a fellow unit member. Recommended best practices include: • When possible, support Service members' requests to attend the family sponsored funeral or memorial service. Currently, Service members are supported in their attendance of the family sponsored funeral when they participate in the military funeral detail or serve as an escort. In addition to these circumstances, explore policy, regulations, and legislative options to allow fellow unit members to attend the family sponsored funeral or memorial service. Potential revisions could include criteria and approval requirements for fellow unit member travel authorization. • Whenever possible, accommodations should be made for affected Service members to reschedule or participate in make-up events (e.g., trainings, testing, etc.), so that these are not conducted in the immediate aftermath of a fellow unit member's death. • Contact Temporary Duty (TDY) and deployed fellow unit members to notify them of the death, provide information, and assist them in connecting with services. • Meet with fellow unit members returning from deployment in order to ensure that these Service members are connected with bereavement services at their home base, as these services may not have been available or readily accessible during deployment.
5b: For any suicide death, encourage unit commanders to deploy the Suicide Response/Traumatic Stress Response Team (e.g., Army Suicide Response Team, Navy Special Psychiatric Rapid Intervention Team, Air Force Disaster Mental Health) as described in the "Leader Guide and Postvention Checklist." A suicide prevention program manager (SPPM) may wish to assist the commander in contacting the Suicide Response/Traumatic Stress Response Team. This support can be offered when the SPPM conducts a condolence call to the commander, which is a recommended best practice currently done in some of the Military Services. Together, the Suicide Response/Traumatic Stress Response Team and the unit commander should: • Assist fellow unit members in identifying and connecting with bereavement resources. Encourage use of bereavement resources, because doing so supports the Service member's

Recommendations 5a – 5c

overall fitness and contributes to unit readiness.
  - Leadership, chaplains, and mental health counselors should meet with fellow unit members as a group to notify them of available services. During these group meetings, opportunities to sign up for individual services should be provided. Contact information should also be provided, so that unit members who wish to seek services privately may do so. Grief counseling services should be encouraged, but not required. In cases of suicide, the "Leader Guide and Postvention Checklist" currently instructs commanders to "refer grieving co-workers to installation resources"; however, consistently bringing these providers directly to the unit would facilitate these referrals and make interaction with mental health providers appear more normative.
  - Facilitate the use of mental health support and services or consultation with chaplains, as needed (DoDI 6490.08).
- As needed, set up formal peer-to-peer support such as small group discussions that are facilitated by the chaplain or trusted behavioral health personnel. This provides an opportunity for Service members to grieve together as a unit and address any shame or stigma that may be related to the death (e.g., if an individual was the last person in contact with the deceased).
- If unit members express interest in connecting with the deceased's family to offer support and condolences, and the unit commander does not already have knowledge of the family's willingness to be contacted by the deceased's, the unit commander can contact the casualty affairs office to learn whether the family authorized disclosure of their information to third parties. The casualty affairs office maintains information about whether the NOK authorized the disclosure of their information and will be able to provide the family's contact information to the unit commander. Casualty assistance officers may need to clarify with NOK that declining authorization of disclosure to third parties may prevent members of the deceased's unit from contacting the family.

5c: As described in detail in Recommendation 4b, if the deceased was a member of the unit for less than 60 days, the current unit commander should consider notifying the Service member's prior unit commander of the death, after NOK have received official notification.

NOK INTERACTION WITH CASUALTY ASSISTANCE OFFICERS

NOK indicated that casualty assistance officers were the most helpful postvention resource, but also reported inconsistencies in the quality of casualty assistance provided to them.

The majority of NOK respondents identified casualty assistance officers as the most helpful resource in dealing with the loss of the Service member, regardless of the cause of death. However, some NOK reported that their casualty assistance officer did not provide some required services. Specifically, NOK reported inconsistent support with "assistance with completing forms required to receive benefits," "assistance with the funeral and/or memorial service preparations," "referrals for financial counseling," or "information about the death investigation." Thirty-seven percent (37.0%) of NOK suicide loss survivors and 19.4% of NOK accident loss survivors reported that they felt there was information, support, or services that they needed but did not receive from their casualty assistance officer. In survey comments, some NOK reported that they did not receive the DoD Survivor's Guide, or sufficient assistance with applying for benefits, identification cards, and other services.

In addition, some NOK reported initial contact with their casualty assistance officer, but indicated that support did not continue for as long as they needed it (e.g., casualty assistance officers discontinued communication following the funeral). In some instances, NOK reported that they were later assigned a different casualty assistance officer because the first was no longer available due to a PCS or deployment. In other instances, NOK were assigned another casualty assistance officer because they were unable to get the support they required from the first casualty assistance officer.

Inconsistencies in the quality of casualty assistance that NOK reported may be due, in part, to inconsistencies in casualty assistance officer training as reported by some fellow unit member respondents. Fellow unit members who were casualty assistance officers stated that they received insufficient training on casualty assistance policies and needed additional training in order to effectively conduct their duties.

Recommendations 6a – 6c
6a: Evaluate the current process for selecting casualty assistance officers as well as the process for training casualty assistance officers. It is critical that individuals assigned to this important collateral duty have the right temperament and personality for the position and that they are properly trained. Training for casualty assistance officers may be improved by: • Creating an additional training module for casualty assistance officers on suicide loss. There are unique circumstances to consider when providing casualty assistance to NOK suicide loss survivors and a dedicated training can equip casualty assistance officers with the necessary information and best practices for supporting families dealing with a suicide death. • Enhancing current casualty assistance officer training, so that casualty assistance officers more consistently provide eligible NOK with the DoD Survivor's Guide during their initial meeting. The Survivor's Guide and other benefits information should be reviewed again with NOK later at a time of their choosing. Some NOK will wish to do this immediately, while others will be unable to process the information at first due to grief.
6b: Continue to emphasize to casualty assistance officers that they should contact NOK and follow up regularly (e.g., at least once a week) to learn if the family has questions regarding benefits or services. This best practice can be disseminated through the casualty assistance officer training and through direct messaging and reminders to current casualty assistance officers. It is important to emphasize to casualty assistance officers that contact should be maintained "until all benefits have been applied for and received and until all requests for fatality reports or investigations have been obtained … or until the PNOK has determined that assistance is no longer needed" (DoDI 1300.18).
6c: Ensure that provisions of DoDI 1300.18 are fully implemented and that assigned casualty assistance officers are NOT scheduled for deployment, reassignment, retirement, or release from active duty within the next 6 months. In situations where the casualty assistance officer must be reassigned, ensure that a "warm hand-off" is conducted with the family.

CONNECTING UNIT MEMBERS AND FAMILIES

Family members and fellow unit members reported that they derived great meaning and value from being able to grieve together; however, they did not always have the opportunity to do so.

The funeral and military memorial are two important opportunities for family members and fellow unit members to connect, but some fellow unit members reported that they were not allowed to attend the funeral and some family members reported that they were not invited to attend the military memorial. Family members expressed dissatisfaction when fellow unit members did not attend the funeral and fellow unit members expressed dissatisfaction when family members were not invited to the military memorial.

Among fellow unit members, 60.9% of suicide loss survivors and 67.9% of accident-loss survivors reported that they attended the funeral, memorial, or both services of the deceased Service member. Fellow unit members who experienced a suicide loss reported significantly less satisfaction with the funeral or memorial service compared to those who experienced an accident loss. Among those who did express satisfaction with the funeral or memorial service, many Service members indicated that they found it meaningful to interact with and provide support to the family. NOK also indicated that they greatly appreciated their interactions with fellow unit members who took the time to speak with them and share positive memories of the deceased.

Recommendations 7a, 7b
7a: Ensure that provisions of Title 37 United States Code Section 481f related to family member travel to the unit memorial service are consistently implemented. Family members who wish to attend the unit memorial, but are not entitled to government funds for travel, could be provided information about alternative sources of funding (e.g., non-profit organizations such as the United Service Organizations [USO], Army Emergency Relief [AER], Navy-Marine Corps Relief Society [NMCRS], and the Air Force Aid Society).
7b: As described in detail in Recommendation 4b, communication between NOK and unit members can be facilitated by unit commanders. If unit members express interest in connecting with the deceased's family to offer support and condolences, and the unit commander does not already have knowledge of the family's willingness to be contacted by the deceased's, the unit commander can contact the casualty affairs office to learn whether the family authorized disclosure of their information to third parties. The casualty affairs office maintains information about whether the NOK authorized the disclosure of their information and will be able to provide the family's contact information to the unit commander. Casualty assistance officers may need to clarify with NOK that declining authorization of disclosure to third parties may prevent members of the deceased's unit from contacting the family.

IMPACT OF COMPLEX SURVIVOR RELATIONSHIPS ON POSTVENTION DELIVERY

The complexities of some deceased Service member's relationships with their survivors and relationships among family members may complicate the delivery of postvention services.

NOK indicated dissatisfaction when they received insufficient communication or were not officially acknowledged following the Service member's death. In particular, insufficient communication and lack of acknowledgement occurred when significant family members were not officially identified by the deceased

Service member on the DD Form 93 as the PNOK or the Person Authorized to Direct Disposition of Remains (PADD). Conversely, family members reported satisfaction when they perceived that efforts were made to include multiple survivors, some of whom were neither officially family, such as a fiancé, nor a designated recipient of benefits, such as a sibling. One particularly striking example of satisfaction emerged in comments related to the presentation of the flag during the funeral. There were several comments where NOK reported that additional flags were presented to family members who, according to Duncan Hunter National Defense Authorization Act for Fiscal Year 2009 (NDAA 2009), would not be considered eligible flag recipients. While the additional flags may have been provided by the deceased Service member's unit, NOK expressed appreciation that these significant individuals in the deceased's life were acknowledged with the presentation of this important symbol of the Service member's service.

Recommendation 8
Systematically examine how delivery of casualty assistance and postvention services is impacted by complex family relationships. The ultimate goal of this examination would be to provide a tool for postvention providers to better understand the family dynamics that may impact delivery of casualty and bereavement support. One approach may be to explore how military personnel currently understand and complete the DD Form 93 "Record of Emergency Data," where the important designation of PADD and other beneficiaries is currently recorded. Detailed instructions accompany the form, but for the average Service member, it may be unclear how these designations affect the disposition of benefits for an event they may not believe will ever affect them. A study could be conducted to examine this potential gap in Service member's understanding and use of the DD Form 93, and could include cognitive interviews with participants who would think aloud as they complete the form. The goal of these cognitive interviews would be to see how participants comprehend the form's instructions, how participants select their responses, and how social desirability affects these responses. The study would help identify potential procedural changes to ensure that casualty assistance officers and other military personnel who interact with NOK following the death of a Service member can better assist survivors, so that all NOK and beneficiaries are more consistently supported throughout the casualty and bereavement process.

ACCESS TO COUNSELING SERVICES

NOK indicated they had difficulty accessing counseling services for certain immediate and extended family members. This includes bereaved children and siblings of Service members, and those military families living in remote areas of the country where DoD/VA services cannot be easily accessed.

Among NOK, 42.6% of suicide loss survivors and 32.9% of accident loss survivors reported that they had utilized mental or behavioral health counseling following the death of their Service member. While some family members are entitled to counseling services (e.g., non-medical counseling via Military and Family Life Counseling (MFLC) or Military OneSource per DoDI 6490.06, TRICARE coverage), some NOK reported that they had difficulty finding adequate services for themselves and other affected family members, such as child survivors.

Recommendations 9a – 9c
9a: Expand availability of counseling services, including bereavement services for children. Many family members are referred to bereavement counseling at the Department of Veteran Affairs (VA), and while bereavement counseling is offered at Vet Centers to parents, spouses, and children of Service members who have died, many Vet Centers do not have staff members who are trained to treat children.
9b: Continue promotion of available resources such as Military OneSource, the Military and Family Life Counseling Program, Vet Centers, etc. through casualty assistance officers and Long Term Case Managers (LTCMs). Military OneSource offers non-medical counseling sessions to spouses and children of Service members. These services can be provided in person, by telephone, via online chat, or through a live video session. Bereaved parents, siblings, and other family members do not qualify for these services; they should instead be directed to Vet Centers or non-profit organizations that can provide counseling resources.
9c. Adapt an active postvention model (see Campbell, Cataldie, McIntosh, and Millet, 2004; Cerel and Campbell, 2008) to the military context so that survivors are more immediately provided with services (unless they opt out) rather than provided with information about services which they must then seek out themselves. Currently, most postvention resources such as grief counseling or support groups are provided in a passive fashion to survivors. That is, survivors must seek out information on the help they need themselves because the information is disseminated in passive ways (e.g., posted on websites or printed on brochures). An active postvention model seeks to engage survivors as soon as possible after the death occurs, inform and guide survivors to available resources, and provide immediate contact and support to survivors (Campbell, Cataldie, McIntosh, and Millet, 2004). Research on active postvention compared to passive postvention indicates that active postvention reduces the time between death and when the survivor seeks bereavement support or treatment. One example of active postvention is the outreach conducted by TAPS to military survivors. Because TAPS has a Memorandum of Understanding (MOU) with each of the Services to receive the list of NOK who have authorized the disclosure of their information third parties, TAPS is well positioned to contact these survivors rather than waiting for survivors to contact them. However, TAPS is unable to reach out to survivors who do not wish to be contacted by third parties. Therefore, the use of an active postvention approach across DoD would more consistently provide support to all suicide loss survivors.

LIMITATIONS

Limitations of this study should be taken into consideration when interpreting the results and conclusions presented in this report. First, the study findings may be limited by nonresponse bias, in which survivors who did not participate in the study may differ in a systematic way from survivors who did respond to the survey. One source of nonresponse bias may have been introduced in the recruitment of family member survivors, which relied on the Military Services long-term casualty support programs because of the sensitive nature of the research topic. The long-term casualty support programs maintain supportive relationships with the families they serve and remain in contact with NOK for as long as NOK wish to have an association with the Military Service. Results from the NOK may therefore be systematically biased if NOK who had more positive experiences with their casualty assistance officers or the long-term casualty support program are more likely to maintain contact with the long-term casualty support program. However, in spite of this potential source of bias, we were able to identify themes and areas of improvement based on NOK's experiences and feedback that they shared on the survey.

A second potential limitation of this study is related to the ability of participants to recall past events with accuracy or completeness. At the time of survey administration, respondents were asked to answer questions about events that occurred 2 to 6 years ago. In fact, many fellow unit members indicated in their survey comments that they would have preferred to be surveyed about the death in question closer in time to when it occurred. These fellow unit members questioned why it took so long to be asked about the death and indicated that they had experienced other deaths in the meantime that made it more difficult to recall the events around the identified deceased Service member. Future work in this area should balance sensitivity to the survivor's bereavement process with selecting a timeline optimal for accurate recall of information. For example, the Office of Casualty, Mortuary Affairs and Military Funeral Honors administers the DoD Survivor Survey to primary NOK around 6 months following the death of a Service member. Future research studies should be conducted closer to a death, but take into account the sensitive nature of the topic.

Third, while sample size calculations indicated that the study was powered sufficiently to examine group differences between the suicide and accident groups, the small number of NOK respondents in the final sample precluded examination of Service Branch-specific differences in postvention experiences among NOK. NOK contact methods used by Navy yielded greater numbers of participants than all of the other Service Components combined. Lead letters mailed by Air Force and Marine Corps resulted in substantially fewer NOK respondents, because in order to enroll in the survey, respondents had to contact the research team themselves, and no follow-up letters or calls were conducted to request their participation. Future research could benefit from using the LTCM pre-contact approach since the LTCM is a trusted entity with the NOK. In future studies of NOK survivors of suicide loss, DSPO should coordinate with the Suicide Prevention General Officer Steering Committee (SPGOSC), who in turn should provide top-level support for the survey and request maximum participation from the Service Branch casualty affairs offices. Lastly, the final NOK sample included three times as many accident loss survivors than suicide loss survivors. Future research should be conducted with a larger sample of NOK, and include more suicide loss survivors.

FUTURE DIRECTIONS FOR MILITARY SUICIDE POSTVENTION

Three lines of effort emerge as possible future directions for military suicide postvention. Two lines of effort described in the following sections are future research directions, and one line of effort is related to building a resource for postvention providers.

Survivors of Reserve and National Guard Losses

One possible future direction would be to address the significant gap in research on the experiences of suicide loss survivors of Reserve and National Guard members. This project did not collect data on deaths of Reserve and National Guard members

unless they were in an active duty status at the time of death. For fatalities determined to have occurred outside of an active duty status, surviving NOK are not eligible for the same casualty assistance programs as NOK of active duty Service members. However, the suicide rate among Reservists is comparable to that of the active duty component, and National Guard rates are significantly higher than that of active duty members. For example, the suicide rate in 2013 for Army National Guard members was more than 80% higher than the rate for active duty members (Pruitt, Smolenski, Bush, Skopp, Hoyt, and Grady, 2016). Future research should evaluate the experiences of families and fellow unit members of these Reserve and National Guard members to identify the needs of this unique segment of the military community.

Postvention for Military Providers

The focus of this study was not on the postvention providers who might themselves also have been impacted by the suicide death of a Service member. However, some research in the general population (Hendin, Haas, Maltsberger, Szanto, & Rabinowicz, 2004; Wurst, Mueller, Petitjean, Euler, Thon, Wiesbeck, & Wolfersdorf, 2010) and in military settings (Carr, 2011) suggest that patient suicide is a source of significant distress to providers such as therapists and psychiatrists. For military personnel, providers impacted by a Service member's suicide death may include unit leadership and chaplains, in addition to behavioral health providers. Future work on the impact of suicide loss should include an examination of best practices for supporting postvention providers, taking into account the casualty processes, death investigation, line of duty investigation, and other processes that follow a Service member's death. This area in particular is also of importance to the VA, which aims to deliver postvention resources and services to its vast network of medical and mental health providers. It would be beneficial for DoD to collaborate with VA on identifying best practices for supporting those who are on the frontlines of delivering postvention care to Service members and Veterans.

Consolidated Postvention Resource for Providers

Lastly, the results of this study highlight that postvention providers are critical to ensuring that survivors' bereavement needs are adequately met. However, at present, these providers are lacking a comprehensive, evidence-based guide on how to address survivors' needs, and decrease the shame, stigma, and suicide risk experienced by survivors in the aftermath of a suicide loss. Additional work is necessary to translate this study's recommendations into a useful resource guide for postvention providers. This comprehensive guide would equip postvention providers with knowledge regarding survivors' needs, would be maintained in a centralized place, and could be organized by key events in the casualty care continuum and bereavement process. Developing the guide would involve identifying key content areas and incorporating information from DoD and Service-level policies, postvention resource guides developed by DoD and non-DoD affiliated organizations, and previous research findings on effective postvention practices.

This guide would function as an easily accessible reference for providers' work with survivors and help to ensure consistency of postvention service delivery for suicide loss survivors. It would be beneficial for DoD to collaborate with VA on development of this comprehensive guide, as many practices could be shared and leveraged across the two Departments.

REFERENCES

Aguirre, R., & Slater, H. (2010). Suicide postvention as suicide prevention: Improvement and expansion in the United States. *Death Studies*, 34(6), 529-540.

American Association for Public Opinion Research. 2015. Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys. 8th edition. AAPOR. https://www.aapor.org/AAPOR_Main/media/publications/Standard-Definitions2015_8theditionwithchanges_April2015_logo.pdf

American Association of Suicidology. (2014). Survivors of suicide fact sheet. http://www.suicidology.org/Portals/14/docs/Resources/FactSheets/SurvivorsSuicideLoss2014.pdf

Andriessen, K. (2009). Can postvention be prevention? *Crisis*, 30(1), 43-47.

Andriessen, K., & Krysinska, K. (2012). Essential Questions on Suicide Bereavement and Postvention. *International Journal of Environmental Research and Public Health*, 9(1), 24–32.

Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic and statistical considerations. *Journal of Personality and Social Psychology*, 51, 1173-1182.

Barrett, T. W., & Scott, T. B. (1989). Development of the Grief Experience Questionnaire. *Suicide & Life-Threatening Behavior*, 19(2), 201-215.

Berman, A.L. (2011). Estimating the population of survivors of suicide: Seeking an evidence base. *Suicide and Life-Threatening Behavior*, 41(1), 110-116.

Bovin, M. J., Marx, B. P., Weathers, F. W., Gallagher, M. W., Rodriguez, P., Schnurr, P. P., & Keane, T. M. (2015). Psychometric properties of the PTSD Checklist for Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (PCL-5) in Veterans. *Psychological Assessment*.

Cann, A., Calhoun L.G., Tedeschi, R. G., Taku, K., Vishnevsky, T., Triplett, K. N., Danhauer, S. C. (2010). A short form of the Posttraumatic Growth Inventory. *Anxiety, Stress & Coping*, 23(2), 127-137.

Carr, R. B. (2011). When a Soldier commits suicide in Iraq: Impact on unit and caregivers. *Psychiatry: Interpersonal and Biological Processes*, 74(2), 95-106.

Cerel, J. & Campbell, F. (2008). Suicide survivors seeking mental health services: A preliminary examination of the role of an active postvention model. *Suicide and Life-Threatening Behavior*, 38(1), 30-34.

REFERENCES

Cerel, J., McIntosh, J. L., Neimeyer, R. A., Maple, M., & Marshall, D. (2014). The continuum of "survivorship": Definitional issues in the aftermath of suicide. *Suicide and Life-Threatening Behavior*, 44(6), 591-600.

Cvinar, J. G. (2005). Do suicide survivors suffer social stigma: A review of the literature. *Perspectives in Psychiatric Care*, 41(1), 14-21.

Deceased Personnel: Death Benefits, 10 U.S.C. §§ 1475 to 1491 (1958 and as amended).

Defense Suicide Prevention Office. (2016a). Military Mortality Database. Available from Defense Suicide Prevention Office Web site: http://www.dspo.mil/About-Suicide/Suicide-Data-Repository/

Defense Suicide Prevention Office. (2016b). Leader guide and postvention checklist. Available from: http://www.dspo.mil/Portals/113/Documents/Final%20DoD%20Leaders_PostSuicide_Checklist.pdf

Department of the Air Force. (2015). Mortuary Affairs Programs (AFI 34-501). Washington, DC.

Department of the Air Force. (2017). Air Force Guidance Memorandum to Air Force Instruction (AFI) 90-505, Suicide Prevention Program (AFI90-505_AFGM2017-01). Washington, DC.

Department of the Army. (2015a). Army Fatal Incident Family Brief Program (AR 638-34). Washington, DC.

Department of the Army. (2015b). Health Promotion, Risk Reduction, and Suicide Prevention (DA PAM 600-24). Washington, DC.

Department of the Army. (2015c). Army Casualty Program (AR 638-8). Washington, DC.

Department of Defense. (2009). Department of Defense (DoD) Personnel Casualty Matters, Policies, and Procedures (DoD Instruction 1300.18). Washington, DC. Department of Defense. (2013a). Defense Suicide Prevention Program (DoD Directive 6490.14). Washington, DC.

Department of Defense. (2013b). Criminal Investigations of Noncombat Deaths (DoD Instruction 5505.10). Washington, DC.

Department of Defense. (2015a). Assessment of DoD Suicide Prevention Processes (DODIG-2015-182). Alexandria, VA.

Department of Defense. (2015b). Strategy for Suicide Prevention (USDP&R Memorandum of December 29, 2015). Washington, DC.

Department of Defense. (2016). A Survivor's Guide to Benefits: Taking care of our families. Washington, DC.

Department of Defense. (2017). Defense Suicide Prevention Program. Washington, DC.

Department of Defense Task Force on the Prevention of Suicide by Members of the Armed Forces. (2010). The challenge and the promise: Strengthening the force, preventing suicide, and saving lives. Washington, DC.

Department of Defense Inspector General. (2017). Evaluation of Military Criminal Investigative Organizations' Closed Death Investigations Concluding in Suicide as the Manner of Death (DODIG-2017-110). Washington, DC.

Department of the Navy. (2007). Casualty Assistance Calls and Funeral Honors Support (CAC/FHS) Program Coordination (OPNAVINST 1770.1A). Washington, DC.

Department of the Navy. (2015). Casualty Assistance Calls Program (CNICINST 1770.2A). Washington, DC. Department of the Navy. (2016). Commander Navy Installations Suicide Prevention Program (CNICINST 1720.4A). Washington, DC.

Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S., & Biswas-Diener, R. (2010). New measures of well-being: Flourishing and positive and negative feelings. *Social Indicators Research*, 39, 247-266.

Eligibility – Survivors of Active Duty Service Members. (2017, September) Retrieved from https://tricare.mil/Plans/Eligibility/Survivors/Surv_ADSM

Final Settlement of Accounts: Deceased Members, 10 U.S.C. § 2771 (1956 and as amended).

Franklin, K. (2017). Department of Defense Quarterly Suicide Report Calendar Year 2017 2nd Quarter. Arlington, VA: Defense Suicide Prevention Office.

Harrington-LaMorie, J. (2011). Operation Iraqi Freedom/Operation Enduring Freedom: Exploring wartime death and bereavement. *Social Work in Health Care*, 50(7), 543-563.

Hendin, H., Haas, A. P., Maltsberger, J. T., Szanto, K., & Rabinowicz, H. (2004). Factors contributing to therapist's distress after the suicide of a patient. *American Journal of Psychiatry*, 161(8), 1442-1446.

Hesse, C. M., Bryan, C., & Rose, A. E. (2015). Indicators of suicide found on social networks: Phase 1 (No. TR-15-03). Seaside, CA: Defense Personnel and Security Research Center/Defense Manpower Data Center.

REFERENCES

Hu, L. T., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural equation modeling: A multidisciplinary journal*, 6(1), 1-55.

Jordan, J. R. (2001). Is suicide bereavement different? A reassessment of the literature. *Suicide and Life-Threatening Behavior,* 31(1), 91-102.

Jordan, J. R. (2008). Bereavement after suicide. *Psychiatric Annals*, 38(10), 679-685.

Jordan, J. R. (2015). Grief after suicide: The evolution of suicide postvention. *Death, dying and bereavement: Contemporary perspectives, institutions and practices*, 349-362.

Jordan, J. R., & McIntosh, J. L. (Eds.). (2011). Grief after suicide: Understanding the consequences and caring for the survivors. New York: Routledge.

Jordan, J. R., & McMenamy, J. (2004). Interventions for suicide survivors: A review of the literature. *Suicide & Life-Threatening Behavior*, 34(4), 337-349.

Keane, T.M., Rubin, A., Lachowicz, M., Brief, D., Enggasser, J.L., Roy, M., Hermos, J., Helmuth, E., & Rosenbloom, D. (2014). Temporal stability of DSM–5 Posttraumatic Stress Disorder criteria in a problem-drinking sample. Psychological Assessment, 26(4), 1138-1145. http://dx.doi.org/10.1037/a0037133

Kristensen, P., Weisæth, L., & Heir, T. (2012). Bereavement and mental health after sudden and violent losses: a review. *Psychiatry: Interpersonal & Biological Processes*, 75(1), 76-97.

Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9), 606-613.

Miles, M. B., & Huberman, A. M. (1994). Qualitative data analysis: An expanded sourcebook. Thousand Oaks, CA: Sage Publications.

Mueller, A. S., & Abrutyn, S. (2015). Suicidal disclosures among friends: Using social network data to understand suicide contagion. *Journal of Health and Social Behavior*, 56(1), 131-148.

National Defense Authorization Act for Fiscal Year 2009, Pub. L. 110-417, 122 Stat. 4356 (2008).

Navy Suicide Prevention Branch. (2015). Commanding officer's suicide prevention program handbook. Available from: http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/suicide_prevention/command/Documents/Commanding%20Officer%27s%20Suicide%20Prevention%20Program%20Handbook%20(v.1.1).pdf

NVivo qualitative data analysis software, QSR International Pty Ltd. Version 11, 2015.

Office of People Analytics (2017). September 2016 Status of Forces Survey of Active Duty Members: Tabulations of Responses. Alexandria, VA.

Prigerson, H. G., Maciejewski, P. K., Reynolds, C. F. III, Bierhals, A. J., Newsom, J. T., Fasiczka, A., Frank, E., Doman, J., & Miller, M. (1995). The inventory of complicated grief: a scale to measure maladaptive symptoms of loss. *Psychiatry Research*, 59(1-2), 65-79.

Ramchand, R., Acosta, J., Burns, R. M., Jaycox, L. H., & Pernin, C. G. (2011). The war within: Preventing suicide in the U.S. military. Santa Monica, CA: RAND Corporation.

Ramchand, R., Ayer, L., Fisher, G., Osilla, K. C., Barnes-Proby, D., & Wertheimer, S. (2015). Suicide Postvention in the Department of Defense: Evidence, policies and procedures, and perspectives of loss survivors. Santa Monica, CA: RAND.

Runeson, B., & Asberg, M. (2003). Family history of suicide among suicide victims. *The American Journal of Psychiatry*, 160(8), 1525-1526.

Satterthwaite, F. E. (1946) An Approximate Distribution of Estimates of Variance Components. *Biometrics Bulletin*, 2, 110–114.

Shneidman, E. S. (1969). On the nature of suicide. San Francisco, California: Jossey-Bass.

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernhard, J. (2008) The Brief Resilience Scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine*, 15, 194-200.

Travel and Transportation Allowances: Transportation for Survivors of Deceased Member to Attend Member's Burial Ceremonies, 37 U.S.C. § 481f (1985 and as amended).

U.S. Government Accountability Office. (2006). Military personnel: DOD needs an oversight framework and standards to improve management of its casualty assistance programs (GAO-06-1010). Washington, DC.

U.S. Government Accountability Office. (2016). Casualty assistance: DOD and the Coast Guard need to develop policies and outreach goals and metrics for program supporting servicemembers' survivors (GAO 15-569). Washington, DC.

United States Marine Corps. (2011). Marine Corps Casualty Assistance Program (MCO 3040.4). Washington, DC.

United States Marine Corps. (2012). Marine Corps Suicide Prevention Program (MCO 1720.2). Washington, DC.

Veterans's Benefits: General Benefits, 38 U.S.C. §§ 1101 to 2414 (1958 and as amended).

Ursano, R. J., Kessler, R. C., Naifeh, J. A., Mash, H. H., Fullerton, C. S., Bliese, P. D., ... & Dinh, H. M. (2017). Risk of Suicide Attempt Among Soldiers in Army Units With a History of Suicide Attempts. *JAMA Psychiatry*, 74(9), 924-931.

Verint Enterprise Feedback Management (EFM) software, Verint Systems, Inc. Version 7.0, 2016.

Wasserman, I. (1984). Imitation and suicide: A reexamination of the Werther Effect. *American Sociological Review*, 49(3), 427–436.

World Health Organization. (2011). International Statistical Classification of Diseases and Related Health Problems, 10th revision, Edition 2010. Geneva: World Health Organization.

Wurst, F.M., Mueller, S., Petitjean, S., Euler, S., Thon, N., Wiesbeck, G. & Wolfersdorf, M. (2010). Patient suicide: A survey of therapists' reactions. *Suicide and Life-Threatening Behavior*, 40(4), 328-336.

Young, I. T., Iglewicz, A., Glorioso, D., Lanouette, N., Seay, K., Ilapakurti, M., & Zisook, S. (2012). Suicide bereavement and complicated grief. *Dialogues in Clinical Neuroscience*, 14(2), 177-186.

APPENDIX A:

ICD-10 CODES AND NUMBER OF DECEDENTS

Table A-1
ICD-10 Codes and Number of Decedents

	Total Identified		In Sample	
	Count	**Percent**	**Count**	**Percent**
Suicide				
Total	1,347	44.60	663	46.00
X72-X74: Intentional self-harm by firearm discharge	894	29.60	453	31.50
X70-X71, X74-X82: Intentional self-harm by other means	362	12.00	170	11.80
X60-X69: Intentional self-poisoning	90	3.00	39	2.70
Y87: Sequelae of intentional self-harm, assault, and events of undetermined intent	1	0.00	0	0.00
Accident				
Total	1,673	55.40	777	54.00
V20-V29: Motorcycle rider injured in transport accident	382	12.60	181	12.60
V80-V89: Other land transport accidents	392	13.00	180	12.50
X40-X49: Accidental poisoning by and exposure to noxious substances	322	10.70	130	9.00
V40-V49: Car occupant injured in transport accident	140	4.60	57	4.00
V95-V97: Air and space transport accidents	85	2.80	48	3.30
V01-V09: Pedestrian injured in transport accident	87	2.90	46	3.20
W65-W74: Accidental drowning and submersion	63	2.10	27	1.90
W20-W49: Exposure to inanimate mechanical forces	46	1.50	25	1.70
W00-W19: Falls	38	1.30	17	1.20
V90-V94: Water transport accidents	18	0.60	13	0.90
W75-W84: Other accidental threats to breathing	20	0.70	11	0.80
V50-V59: Occupant of pick-up truck or van injured in transport accident	24	0.80	10	0.70
X58-X59: Accidental exposure to other and unspecified factors	17	0.60	10	0.70
V10-V19: Pedal cyclist injured in transport accident	10	0.30	5	0.30
X30-X39: Exposure to forces of nature	11	0.40	5	0.30
Other[1]	18	0.60	12	0.80

Note. [1]Other includes V60-V69 (Occupant of heavy transport vehicle injured in transport accident), W85-W99 (Exposure to electric current, radiation, and extreme ambient air temperature and pressure), X00-X09 (Exposure to smoke, fire, and flames), X50-X57 (Overexertion, travel, and privation), Y85-Y86 (Sequelae of transport and other accidents), V70-V79 (Bus occupant injured in transport accident), W50-W64 (Exposure to animate mechanical forces).

APPENDIX B:

MILITARY BEREAVEMENT SURVEY

APPENDIX B

Welcome

Thank you for your interest in the Military Bereavement Survey. The purpose of this survey is to better understand your experiences with the programs, services, and benefits provided to family and fellow unit members following the death of a Service member.

The survey should take 20-30 minutes to complete and will assist in supporting future survivors by informing efforts to improve bereavement services.

After you enter your ticket number and click the *Next* button below, you will be asked to:

- Read the Informed Consent Document and indicate you consent to participate in the survey

Take the survey

TICKETNO. Please enter your ticket number and click *Next* to begin the survey.

Ticket Number _____

The Report Control Symbol (RCS) for this survey is RCS# DD-P&R(AR)2628 (Expires 10/12/2021).

Thank you for your time and participation.

Section 508 Compliance

The U.S. Department of Defense is committed to making electronic and information technologies accessible to individuals with disabilities in accordance with Section 508 of the Rehabilitation Act (29 U.S.C. §794d), as amended in 1999. Send feedback or concerns related to the accessibility of this website to: DoDSection508@osd.mil. For more information about Section 508, please visit the DoD Section 508 website. Last Updated: 08/13/2013

(End of Page 1)

CONSENT TO PARTICIPATE IN RESEARCH

Title of Protocol: Evaluation of Military Bereavement and Postvention Needs and Services

Principal Investigator: Olga G. Shechter, Ph.D.

Funding Source(s)/Sponsor: Defense Suicide Prevention Office (DSPO)

INTRODUCTION

You are being asked to participate in a research study conducted by the Defense Manpower Data Center (DMDC) because you have been identified as a next of kin or fellow unit member who experienced a loss of a Service member between 2010 and 2014, and are 18 years of age and older.

Your participation in this research is voluntary. It is important that you read what is written below. If you agree to participate, you will be asked to give consent.

WHY IS THIS RESEARCH BEING DONE?

The purpose of this research is to better understand the attitudes and perceptions regarding the programs, services, and benefits provided to family and fellow unit members following the death of a Service member. This information will assist in supporting survivors in the future and will inform efforts to improve bereavement services. Final reports with results will be provided to the Defense Suicide Prevention Office and each Military Department.

WHAT WILL HAPPEN DURING THIS RESEARCH?

We plan to enroll about 300 next of kin and 3,000 fellow unit members for this study. If you volunteer to participate in this study, you will be asked to complete an online survey. The survey typically takes between 20-30 minutes to complete. You will be asked to answer a variety of demographic questions and questions related to your psychological well-being. In addition, you will be asked questions about your experiences with the various types of services that were available to you after the loss of the Service member, such as Casualty Assistance Officers, funeral and memorial services, grief counseling, support groups, etc.

WHAT ARE THE POTENTIAL RISKS AND DISCOMFORTS FROM BEING IN THIS RESEARCH?

The data collection procedures are not expected to involve any more risk to you than you encounter in daily life. However, due to the nature of some of the questions, you may feel uncomfortable or emotionally upset. You may stop the survey and come back to it later or you may choose to skip any question you do not want to answer on this survey.

Another risk to you is the accidental or unintentional disclosure of the data you provide. However, the government has a number of policies and procedures to ensure that survey data are safe and protected. For example, no identifying information (e.g., name and contact information) is ever stored in the same file as the survey responses, a confidentiality analysis is performed to reduce the risk of there being a combination of demographic variables that can identify an individual, and government and research staff members have been trained to protect client identity and are subject to civil penalties for violating your confidentiality.

WHAT ARE THE POSSIBLE BENEFITS FROM BEING IN THIS RESEARCH?

While there is no direct benefit to you associated with your individual participation, your responses on this survey can make a difference in shaping Department of Defense programs and services. Your responses on the survey will help us improve the services we offer individuals following the death of a Service member and help us support families and Service members in the future.

HOW WILL YOU PROTECT MY PRIVACY AND THE CONFIDENTIALITY OF RECORDS ABOUT ME?

This survey is being conducted for research purposes and your survey responses will be treated as confidential. Your identifying information will not be stored with your survey responses. However, if a direct threat to harm yourself or others is found in survey comments or communications about the survey, DMDC is legally required to forward information about that threat to an office in your area (such as law enforcement) for appropriate action. If you indicate distress or being upset in your answers, you will not be contacted for follow-up purposes. However, if you are feeling distressed, we encourage you to seek out and utilize professional services. A list of resources will be provided at the end of the survey.

Some findings may be published by the Defense Manpower Data Center or in professional journals, or presented at conferences, symposia, and scientific meetings, but will not include information that would reveal your identity to others. Results from the survey will be aggregated and presented in such a way that responses cannot be linked back to you.

WHAT IF I DECIDE NOT TO PARTICIPATE IN THIS RESEARCH?

Your participation in this research is voluntary. You may decline to participate now or stop taking part in this study at any time without any penalty or loss of benefits to which you are entitled.

WHO SHOULD I CALL IF I HAVE QUESTIONS OR CONCERNS ABOUT THIS RESEARCH?

If you have questions about the research at any time, you can contact Dr. Olga G. Shechter at Olga.G.Shechter.civ@mail.mil or (831) 583-2865.

If you have questions regarding your rights as a research participant, you may contact the HQ USAMRMC IRB Office at 301-619-6240 or by email to usarmy.detrick.medcom-usamrmc.other.irb-office@mail.mil. The stamp below signifies IRB approval to conduct this survey. IRB approval expires 19 June 2017.

FUTURE RESEARCH PARTICIPATION

Please indicate below whether we may use your data in future related research. We may use the data you provide in a similar follow-up study; we may analyze your data to answer a related research question that has not yet been outlined; or we may link the data we collect with other existing data sources to further understand bereavement following the death of a Service member and the ways that the DoD may continue to provide needed support. In any case, results will be aggregated and presented in such a way that your data cannot be linked back to you.

Future Consent. I agree to the use of my data for future research. *Please select your choice below.*

❍ Yes

❍ No

Please indicate below if this research team may contact you in the future about participating in follow-up research related to this study. By marking "Yes," you agree to be contacted in the future – you may decide later if you wish to participate in the future research.

Future Contact. I agree to be contacted in the future by this research team about follow-up research related to this study. *Please select your choice below.*

❍ Yes

❍ No

ELECTRONIC SIGNATURE OF RESEARCH PARTICIPANT

I have read the information provided above. I have been given an opportunity to ask questions and all of my questions have been answered to my satisfaction. By clicking *Next* I indicate my agreement to take this survey.

Please print this page for your records.

MILITARY BEREAVEMENT SURVEY

[Display "family member" if FAMILY sample or "fellow unit member" if FELLOW SERVICE MEMBER sample.]

Introduction: We would like to better understand your experience with services and programs that you may have received following the loss of a Service member. As the {family member/fellow unit member} of a deceased Service member, your responses are invaluable and will help inform the Department of Defense concerning your bereavement needs.

Answer each question on the survey by choosing the answer that best describes your experience or best applies to you. You may decline answering any question(s) you choose. Some questions are open-ended and you may need to type your answer in a text box. Please do not put any Personally Identifiable Information (PII), such as names, in your response.

Click "Next" to start the survey.

---------- Page break ----------

SECTION A

Instructions: To get started, please answer the following questions about yourself and your relationship with the deceased Service member.

[Ask if FAMILY sample. If FELLOW SERVICE MEMBER sample, skip to A4.]

A1. [Ask if Sample = NOK] Are you 18 years of age or older?

1 Yes

2 No [Not eligible, close survey and display:

Thank you for your interest in the Military Bereavement Survey. However, at this time, only people who are 18 years of age or older are able to participate in the study. If you feel you have encountered this message in error, click the "*Back*" button and check your answer to continue the survey. Otherwise close your browser.

If you have any questions, please contact the study team at dodhra.mbs-survey@mail.mil.]

A2. [Ask if Sample = NOK] Are you a family member or next of kin of a deceased Service member?

1 Yes

2 No [Not eligible, close survey and display:

Thank you for your interest in the Military Bereavement Survey. However, at this time, only family members or next of kin are able to participate in the study. If you feel you have encountered this message in error, click the "*Back*" button and check your answer to continue the survey. Otherwise close your browser.

If you have any questions, please contact the study team at dodhra.mbs-survey@mail.mil.]

A3. [Ask if Sample = NOK] What is your relationship to the deceased Service member?

1 Spouse

2 Former spouse (Divorced/Legally Separated)

3 Parent

4 Step-parent

5 Grandparent

6 Parent-in-law

7 Sibling

8 Step-sibling or half sibling

9 Brother-in-law or Sister-in-law

10 Partner/Fiancé/Fiancée

11 Adult Child

12 Adult Step-child

13 Other – Specify, please do not provide any Personally Identifiable Information: _____

A4. [Ask if Sample = Unit Member] [Ask if FELLOW SERVICE MEMBER sample. Else skip to A5.]

Do you recall the death of the fellow Service member referenced in your survey instruction letter?

1 Yes

2 No [Not eligible, close survey and display:

Thank you for your interest in the Military Bereavement Survey. However, you will not be able to complete the remaining questions on the survey because you indicated that you do not recall the death of the Service member referenced in your instruction letter. If you feel you have encountered this message in error,

click the "*Back*" button and check your answer to continue the survey. Otherwise close your browser.

If you have any questions, please contact the study team at dodhra.mbs-survey@mail.mil.]

A5. [Ask if Sample = NOK or Unit Member] Did the Service member's death occur during deployment?

1 Yes

2 No

99 Not sure

A6. [Ask if Sample = NOK or Unit Member] [Use drop-down boxes for month and year. Options for years: 2009, 2010, 2011, 2012, 2013, 2014. Respondents should be able to check/select "99 Not sure" option, i.e., not a write-in.]

In what month and year did the Service member die?

_____ Month

_____ Year

99 Not sure

[Ask if A6 = Not Sure][If "Not sure", ask: About how long ago did he or she die?]

1 Less than 6 months ago

2 6 months to less than 1 year ago

3 1 year to less than 2 years ago

4 2 years to less than 3 years ago

5 3 years to less than 4 years ago

6 More than 4 years ago

---------- Page break ----------

A7. [Ask if Sample = NOK or Unit Member] Which of the following best describes the circumstances of the Service member's death?

1 Illness

2 Combat-related death

3 Accident (unintentional injuries)

4 Suicide

5 Homicide (murder) or terrorist act

6 Other – Specify, please do not provide any Personally Identifiable Information: _____ [Limit to 255 characters (including spaces).]

99 Not sure

A8. [Ask if (Sample = NOK AND (A3 = Spouse or A3 = Former spouse or A3 = Parent-in-law or A3 = Brother-in-law/sister-in-law or A3 = Step-parent or A3 = Step- or half sibling or A3 = Partner/fiancé/fiancée or A3 = Other or A3 = Adult Stepchild) or Sample = Unit Member]. [If FAMILY, ask only if A3 is spouse, former spouse, parent-in-law, brother-in-law/sister-in-law, step-parent, step- or half sibling, partner/fiancé/fiancée, or other. Else skip to A9. Ask all from FELLOW SERVICE MEMBER sample. Apply web validation that does not allow dates in the future (i.e., 2017 is not allowed) to the numeric response box (not drop down).]

In what year did you first meet the Service member?

_____ **Year**

99 Not sure

[Ask if A8 = Not sure] [If "Not sure", ask: About how long ago did you meet him or her?]

1 Less than 1 year
2 1 to less than 2 years
3 2 to 5 years
4 6 to 10 years
5 11 to 15 years
6 16 to 20 years
7 More than 20 years
99 Not sure

A9. [Ask if Sample = NOK or Unit Member] Which of the following best describes your relationship with the deceased Service member?

1 Not at all close
2 Somewhat close
3 Close
4 Very close
5 Extremely close

SECTION B

Instructions: In this section, we will ask you about your experience with resources, programs, and support that you may have used following the loss of the Service member.

Some questions in this section are open-ended and you may need to type your answer in a text box. Please do not put any Personally Identifiable Information (PII), such as names, in your response.

First Responders

[Ask B1 through B8 for both FAMILY and FELLOW SERVICE MEMBER sample.]

B1. First responders are trained personnel responsible for going immediately to the scene of an accident or emergency to provide assistance.

Did you interact with any first responders at the scene or in the days following the Service member's death?

1 Yes

2 No – Skip to B9.

99 Not sure – Skip to B9.

B2. [Ask if B1 = Yes] Which of the following first responders did you interact with at the scene or in the days following the Service member's death? *Please select all that apply.*

1 Police officers or firefighters

2 Emergency Medical Technician (EMT), doctor/physician or other medical personnel

3 Religious leader, such as a chaplain, priest, minister, rabbi, or imam

4 Counselor or social worker

5 Other – Specify, please do not provide any Personally Identifiable PII: _____ [Limit to 255 characters (including spaces).]

999 Don't know/remember – Skip to B9.

B3. [Ask if (B2 Count = 2 and B2 Don't Know is not selected) or (B2 Count GE 3)][If more than 1 selected from responses 1 through 5 in B2, ask B3. Else skip to B4.]

[Display only first responders selected in B2.]

Which of these first responders did you interact with the most? *Please select one.*

1 [Ask if B2 Matching Item = Selected] Police officers or firefighters

2 [Ask if B2 Matching Item = Selected] Emergency Medical Technician (EMT), doctor/physician or other medical personnel

3 [Ask if B2 Matching Item = Selected] Religious leader, such as a chaplain, priest, minister, rabbi, or imam

4 [Ask if B2 Matching Item = Selected] Counselor or social worker

5 [Ask if B2 Matching Item = Selected] Other first responder

B4. [Display first responder selected in B2 or B3 (if more than 1 selected in B2) in the following questions]

a. [Ask if (B2 Count = 1 and B2 = Matching Responder) or (B2 Count = 2 and B2 = Matching Responder and B2 "Don't Know is selected) or B3 = Matching Responder] Was the {police officer or firefighter/medical personnel/religious leader/counselor or social worker/other first responder} affiliated with the military?

1 Yes, military
2 No, not military
99 Don't know/remember

b. [Ask if (B2 Count = 1 and B2 = Matching Responder) or (B2 Count = 2 and B2 = Matching Responder and B2 "Don't Know is selected) or B3 = Matching Responder] Did the {police officer or firefighters/medical personnel/religious leader/counselor or social worker/other first responder (previously specified)} provide you with information, support, or services at that time?

1 Yes
2 No – Skip to B5.
999 Don't know/remember – Skip to B5.

c. [Ask if B4B Loops = Yes] What type of information, support, or services did the {police officer or firefighters/medical personnel/religious leader/counselor or social worker/other first responder (previously specified)} provide you with at that time? *Please select all that apply.*

1 Information about the condition of the Service member at the scene

2 Information about the circumstances of the death

3 Information about military procedures when a Service member dies

4 Information about available options for handling the Service member's body

5 Guidance on what I should do next

6 Guidance on how to talk to adult family and friends about the death

7 Guidance on how to talk to children and adolescents about the death

8 Guidance on how to talk to other Service members about the death

9 Privacy for my family and me

10 Emotional support for me

11 Emotional support for other family members

12 Referrals to organizations providing support to military families

13 Referrals to organizations providing support to those who have lost a family member

14 Other – Specify, please do not provide any Personally Identifiable Information: _____ [Limit to 255 characters (including spaces).]

999 Don't know/remember – Skip to B5.

d. [Ask if (B4C Count = 2 and B4C Don't know is not selected) or B4C Count GE 3][Display items selected in B4.c. Skip if 1 response selected in B4.c.]

[Ask if B4B Matching Item = Selected] Which of these were most important to you at that time? *Please select up to 3.*

e. [Ask if B4B Loops = Yes] Please indicate the extent to which you agree or disagree with each of the following statements about your interactions with the {police officer or firefighters/medical personnel/religious leader/counselor or social worker/other first responder (previously specified)}.

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
Overall, I was satisfied with the information, support, and services provided by the {responder}.	1	2	3	4	5
Overall, the presence of the {responder} was helpful.	1	2	3	4	5
I am confident that the information the {responder} provided was accurate.	1	2	3	4	5
The {responder} was respectful in his or her interactions with me.	1	2	3	4	5
The {responder} was caring in his or her interactions with me.	1	2	3	4	5

---------- Page break ----------

B5. [Ask if B1 = Yes] Was there information, support, or services that you <u>did not</u> receive from first responders that would have been helpful to you?

1 Yes – Specify, please do not provide any PII: _____ [Limit to 255 characters (including spaces).]

2 No

99 Not sure

---------- Page break ----------

B6. [Ask if B1 = Yes] Do you think the first responder(s) treated you with more or less respect because of the circumstances of the Service member's death?

1 With more respect

2 With less respect

3 Neither more nor less respect – Skip to B8

99 Not sure – Skip to B8

B7. [Ask if B6 = With more respect or B6 = With less respect for matching question] [Display (With more respect) or 2 (With less respect). Display "more" or "less" in the question based on B6 response. Allow up to 1000 characters (including spaces).]

In what ways do you think you were treated with {more/less} respect by the first responder(s) because of the circumstances of the Service member's death? Please do not provide any PII.

---------- Page break ----------

B8. [Ask if B1 = Yes] [Allow up to 1000 characters (including spaces).]

Please provide any other feedback you may have on these and other first responders below. Please do not provide any PII.

MILITARY CASUALTY ASSISTANCE PROGRAM (CAO, CACO, AND CAR/MAO)

[Ask B9 through B15 for both FAMILY and FELLOW SERVICE MEMBER sample.]

B9. Casualty Assistance Officers (CAO), Casualty Assistance Call Officers (CACO), and Casualty Assistance Representatives/Mortuary Affairs Officer (CAR/MAO) provide support and assistance to families after the death of a Service member.

Did you have any interaction with a CAO, CACO, or CAR/MAO following the death of the Service member?

1 Yes

2 No – Skip to B16

99 Not sure – Skip to B16

B10. [Ask if B9 = Yes] Which of the following information, support, or services did you receive from a CAO, CACO, or CAR/MAO? *Please select all that apply*

1 Information about the overall administrative process

2 Assistance with completing forms required to receive benefits

3 Assistance with the funeral and/or memorial service preparations

4 Referrals for legal assistance

5 [Ask if Sample = NOK] Referrals for financial counseling

6 Referrals for grief counseling for myself and/or my family

7 Information about the death investigation (if any)

8 Other – Specify, please do not provide any PII:
_____ [Limit to 255 characters (including spaces).]

B11. [Ask if B10 Count > 1] [Display items selected in B10.]

[Ask if B10 Matching Item = Selected] Which of these were most important to you? *Select up to 3.*

---------- Page break ----------

B12. [Ask is B9 = Yes] Please indicate the extent to which you agree or disagree with each of the following statements about your interactions with the CAO, CACO, or CAR/MAO.

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
Overall, I was satisfied with the information, support, and/or services provided by the CAO, CACO, or CAR/MAO.	1	2	3	4	5
Overall, the information, support, and/or services provided by the CAO, CACO, or CAR/MAO helped me deal with the loss of the Service member.	1	2	3	4	5
I am confident that the information the CAO, CACO, or CAR/MAO provided to me was accurate.	1	2	3	4	5
The CAO, CACO, or CAR/MAO provided information to me in a timely manner.	1	2	3	4	5
The CAO, CACO, or CAR/MAO was respectful in his or her interactions with me.	1	2	3	4	5
The CAO, CACO, or CAR/MAO was caring in his or her interactions with me.	1	2	3	4	5

---------- Page break ----------

B13. [Ask is B9 = Yes] Was there information, support, or services that you did *not* receive from the CAO, CACO, or CAR/MAO that would have been helpful to you?

1 Yes - – Specify, please do not provide any PII: _____ [Limit to 255 characters (including spaces).]

2 No

99 Not sure

---------- Page break ----------

B14. [Ask is B9 = Yes] Do you think the CAO, CACO, or CAR/MAO treated you with more or less respect because of the circumstances of the Service member's death?

1 With more respect

2 With less respect

3 Neither more nor less respect – Skip to B16

99 Not sure – Skip to B16

B15. [Ask if B14 = With more respect or B14 = With less respect for matching question] [Display more or less based on B13 response. Allow up to 1000 characters (including spaces).]

In what ways do you think you were treated with {more/less} respect by the CAO, CACO, or CAR/MAO because of the circumstances of the Service member's death? Please do not provide any PII.

UNIT COMMANDERS

[Ask B16 through B20 for FAMILY sample only.]

B16. [Ask if Sample = NOK] Did you interact with the Service member's Unit Commanders in the days or weeks following the death of the Service member?

1 Yes

2 No – Skip to B24

99 Not sure – Skip to B24

B17. [Ask if B16 = Yes] Please indicate the extent to which you agree or disagree with each of the following statements about your interactions with Unit Commanders.

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
Overall, I was satisfied with my interactions with Unit Commanders.	1	2	3	4	5
Overall, my interactions with the Unit Commanders helped me deal with the loss of the Service member.	1	2	3	4	5
The Unit Commanders were respectful in their interactions with me.	1	2	3	4	5
The Unit Commanders were caring in their interactions with me.	1	2	3	4	5

---------- Page break ----------

B18. [Ask if B16 = Yes] Was there information, support, or services that you did *not* receive from the Unit Commanders that would have been helpful to you?

1 Yes – Specify, please do not provide any PII: _____ [Limit to 255 characters (including spaces).]

2 No

99 Not sure

---------- Page break ----------

B19. [Ask if B16 = Yes] Do you think the Unit Commanders treated you with more or less respect because of the circumstances of the Service member's death?

1 With more respect

2 With less respect

3 Neither more nor less respect – Skip to B26

99 Not sure – Skip to B26

B20. [Ask if B19 = With more respect or B19 = With less respect for matching question] [Display more or less based on B19 response. Allow up to 1000 characters (including spaces).]

In what ways do you think you were treated with {more/less} respect by the Unit Commanders because of the circumstances of the Service member's death? Please do not provide any PII.

B20 Other. [Ask if B16 = Yes] Please provide any other feedback you may have on the Unit Commanders below. Please do not provide any Personally Identifiable Information (PII).

COMMANDERS, OFFICERS, AND OTHER MILITARY PERSONNEL

[Ask B21 through B25 for FELLOW SERVICE MEMBER sample only.]

B21. [Ask if Sample = Unit Member] Did you interact with any of the following military personnel in response to the death of the Service member? *Select all that apply*

1 Your command leadership team (e.g., Commanding Officer, Executive Officer, Senior Enlisted Leader/Advisor)

2 Enlisted leaders at your command (e.g., E7 and above)

3 Your immediate supervisor

4 Suicide or psychological response team (e.g., Army Suicide Response Team [SRT], Navy Special Psychiatric Rapid Intervention Team [SPRINT], Air Force Disaster Mental Health [DMH])

5 Chaplain

6 Mental health care provider, such as psychologists and counselors from Military Family Life Counseling (MFLC)

7 Medical health care provider, such as a medical doctor or nurse

999 Don't know/remember - Skip to B26

B22. [Ask if (B21 Count = 2 and B21 Don't know is not selected) or B21 Count GE 3] [If more than 1 selected from responses in B21, ask B22. Else skip to B23. Display only military personnel selected in B21.]

Which of these military personnel did you interact with <u>most</u> often in the days or weeks following the death of the Service member? *Please select one.*

1 [Ask if B21 Matching Item = Selected] Command leadership team

2 [Ask if B21 Matching Item = Selected] Enlisted leaders at your command

3 [Ask if B21 Matching Item = Selected] Immediate supervisor

4 [Ask if B21 Matching Item = Selected] Suicide or psychological response team

5 [Ask if B21 Matching Item = Selected] Chaplain

6 [Ask if B21 Matching Item = Selected] Mental health care provider

7 [Ask if B21 Matching Item = Selected] Medical health care provider

B23. [Ask if (B21 Count = 1 and B21 = Matching responder Selected) or (B21 Count = 2 and B21 = Matching responder Selected and B21 Don't know = Selected) or B21Count > 1 and B22 = Matching Responder Selected][[Loop through and display each military personnel selected in B22, or selection from B21 if no response in B22, for the following questions. If B21 or B22 = 2 (Enlisted leaders at your command), display Version 2 of this item.]

Version 1:

[Ask if B22 = 1 | 4]

Please indicate the extent to which you agree or disagree with each of the following statements about your interactions with {your command leadership team/ /the suicide or psychological response team} following the death of the Service member.

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
Overall, I was satisfied with my interactions with {my command leadership team/the suicide or psychological response team}.	1	2	3	4	5
Overall, my interactions with {my command leadership team/the suicide or psychological response team} helped me deal with the loss of the Service member.	1	2	3	4	5
{My command leadership team/the suicide or psychological response team} was respectful of me in their interactions.	1	2	3	4	5
{My command leadership team//the suicide or psychological response team} was caring in their interactions with me.	1	2	3	4	5
{My command leadership team/the suicide or psychological response team} was respectful of the deceased Service member.	1	2	3	4	5

---------- Page break ----------

Version 2:

[Ask if B22 = 2]

Please indicate the extent to which you agree or disagree with each of the following statements about your interactions with {the enlisted leaders at your command} following the death of the Service member.

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
Overall, I was satisfied with my interactions with {the enlisted leaders at my command}.	1	2	3	4	5
Overall, my interactions with { the enlisted leaders at my command} helped me deal with the loss of the Service member.	1	2	3	4	5
{The enlisted leaders at my command } were respectful of me in their interactions.	1	2	3	4	5
{The enlisted leaders at my command} were caring in their interactions with me.	1	2	3	4	5
{The enlisted leaders at my command } were respectful of the deceased Service member.	1	2	3	4	5

Version 3:

Please indicate the extent to which you agree or disagree with each of the following statements about your interactions with {your immediate supervisor/chaplain/mental health care provider/medical health care provider} following the death of the Service member.

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
Overall, I was satisfied with my interactions with {my immediate supervisor/the chaplain/the mental health care provider/the medical health care provider}.	1	2	3	4	5
Overall, my interactions with {my immediate supervisor/the chaplain/the mental health care provider/the medical health care provider} helped me deal with the loss of the Service member.	1	2	3	4	5
{My immediate supervisor/the chaplain/the mental health care provider/the medical health care provider} was respectful of me in his or her interactions.	1	2	3	4	5
{My immediate supervisor/the chaplain/the mental health care provider/the medical health care provider} was caring in their interactions with me.	1	2	3	4	5
{My immediate supervisor/the chaplain/the mental health care provider/the medical health care provider } was respectful of the deceased Service member.	1	2	3	4	5

---------- Page break ----------

B24. [Ask if (B21 Count = 1 and B21 Don't know is not selected) or (B21 Count GE 2)] Was there information, support, or services that you did not receive from the previously mentioned military personnel that would have been helpful to you?

1 Yes – Specify, please do not provide any PII: _____
[Limit to 255 characters (including spaces).]

2 No

99 Not sure

B25. [Ask if (B21 Count = 1 and B21 Don't know is not selected) or (B21 Count GE 2)] [Allow up to 1000 characters (including spaces).]

Please provide any other feedback you may have on these and other military personnel in regards to your interactions related to the Service member below. Please do not provide any PII.

DEATH INVESTIGATION

[Ask B26 through B31 for both FAMILY and FELLOW SERVICE MEMBER sample.]

B26. Was there any type of formal investigation following the Service member's death?

1 Yes

2 No – Skip to B32

99 Not sure – Skip to B32

B27. [Ask if B26 = Yes] Were you interviewed about or asked to discuss the circumstances surrounding the Service member's death?

1 Yes

2 No – Skip to B29

B28. [Ask if B27 = Yes] Was the interview conducted by a military investigator, a civilian investigator, or both of these?

1 Military investigator

2 Civilian investigator

3 Both military and civilian investigators

99 Not sure

---------- Page break ----------

B29. [Ask if B26 = Yes] Please indicate the extent to which you agree or disagree with each of the following statements about the death investigation process.

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
Overall, I was satisfied with how the investigation was conducted.	1	2	3	4	5
Overall, the investigation process helped me deal with the loss of the Service member.	1	2	3	4	5
I was satisfied with the frequency of communication with me throughout the investigation of the Service member's death.	1	2	3	4	5
I was satisfied with the amount of information provided to me throughout the investigation of the Service member's death.	1	2	3	4	5
I was satisfied with how I was treated throughout the investigation of the Service member's death.	1	2	3	4	5
I agree with the findings of the investigation of the Service member's death.	1	2	3	4	5

---------- Page break ----------

B30. [Ask if B26 = Yes] Do you think the death investigation was handled with more respect or less respect because of the circumstances of the Service member's death?

1 With more respect

2 With less respect

3 Neither more nor less respect – Skip to B32

99 Not sure – Skip to B32

B31. [Ask if B30 = With more respect or B30 = With less respect for matching question] [Display more or less based on B30 response. Allow up to 1000 characters (including spaces).]

In what ways do you think the death investigation was handled with {more/less} respect because of the circumstances of death? Please do not provide any PII.

Funeral and Memorial Services

[Ask B32 through B38 for both FAMILY and FELLOW SERVICE MEMBER sample.]

B32. Did you attend the funeral or memorial service for the deceased Service member?

1 Yes

2 No – Skip to B39

99 Not sure – Skip to B39

B33. [Ask if B32 = Yes] Overall, how satisfied were you with the funeral or memorial service for the deceased Service member?

1 Very dissatisfied

2 Somewhat dissatisfied

3 Somewhat satisfied

4 Very satisfied

B34. [Ask if (B33 = Very dissatisfied or B33 = Dissatisfied) or (B33 = Very satisfied or B33 = Satisfied) for matching question] [Display satisfactory/unsatisfactory based on B33 response; allow up to 1000 characters including spaces)]

Why did you find the funeral or memorial services (satisfactory/dissatisfactory)? Please do not provide any PII.

---------- Page break ----------

B35. [Ask if B32 = Yes] Did the funeral or memorial service include the performance of Military Funeral Honors detail, such as the presentation of the flag and the playing of "Taps?"

1 Yes

2 No – Skip to B39

99 Not sure – Skip to B39

B36. [Ask if B35 = Yes] Please indicate the extent to which you agree or disagree with each of the following statements about the Military Funeral Honors performed during the funeral.

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
Overall, the funeral honors helped me deal with the loss of the Service member.	1	2	3	4	5
I am satisfied with the information provided to me by the military during the preparation for the funeral honors.	1	2	3	4	5
The funeral honors were performed in a manner that honored the life and military service of the Service member.	1	2	3	4	5

---------- Page break ----------

B37. [Ask if B35 = Yes] Do you think the Military Funeral Honors were handled with more respect or less respect because of the circumstances of the Service member's death?

1 With more respect

2 With less respect

3 Neither more nor less respect – Skip to B39

99 Not sure – Skip to B39

B38. [Ask if B37 = With more respect or B37 = With less respect for matching question] [Display more or less based on B37 response. Allow up to 1000 characters (including spaces).]

In what ways do you think the funeral honors were {more/less} respectful because of the circumstances of the Service member's death? Please do not provide any PII.

FOLLOW-ON SERVICES

[Ask B39 through B43 for both FAMILY and FELLOW SERVICE MEMBER sample.]

B39. The following are some programs and services available to assist those dealing with the loss of a Service member. Please indicate whether you used each service at any time in response to the death of the Service member.

	Yes, I used this service	No, I did not use this service	Don't know/ remember
Mental or behavioral health counseling *(assistance in coping with psychological concerns such as stress, depression, anxiety, grief, or addiction; e.g., Military OneSource, or Military Treatment Facility, TRICARE, and private health insurance psychologist, psychiatrist, social worker)*	1	2	3
[ASK if Sample = FAMILY] Financial counseling *(assistance in managing financial questions and concerns; e.g., Military OneSource, Family Support Services, USO, Air Force Aid Society, Navy & Marine Corps Relief Society, etc.)*	1	2	3
Religious or spiritual counseling *(guidance from a chaplain or community-based faith leader)*	1	2	3
Peer mentoring *(supportive interactions and mentoring from another survivor; e.g., Tragedy Assistance Program for Survivors (TAPS) Peer Mentor Program, etc.)*	1	2	3
Support group *(a group of people with common experiences or concerns who provide each other with encouragement, comfort, and advice; e.g., Tragedy Assistance Program for Survivors (TAPS) Peer Groups, Grief Share, American Widow Project, Navy Seal Foundation, etc.)*	1	2	3
Crisis intervention *(services that provide 24-hour access to people that can provide with you with emotional support; e.g., National Suicide Prevention Lifeline, Military Crisis Line-MCL, Veterans Crisis Line-VCL, DSTRESS Line, etc.)*	1	2	3
Referral service *(assistance with finding resources to address needs and concerns; e.g., Tragedy Assistance Program for Survivors-TAPS, Military OneSource, Army Survivor Outreach Services, Navy Gold Star Program, Marine Corps Long Term Assistance Program, Air Force Families of the Fallen, etc.)*	1	2	3
Other *(specify, please do not provide any Personally Identifiable Information)*	1	2	3

B41. [Ask for each item in B39 where "Yes, I used this service"]

[Display if B39 "Mental or behavioral health counseling" = "Yes, I used this service."]

You indicated that you used <u>mental or behavioral health counseling</u> to assist you in coping with psychological concerns such as stress, depression, anxiety, grief, or addiction. This type of counseling may have occurred with a psychologist, psychiatrist, or social worker from Military OneSource or a Military Treatment Facility, or private health insurance or TRICARE-based provider.

[Display if B39 "Financial counseling" = "Yes, I used this service."]

You indicated that you used <u>financial counseling</u> for assistance in managing financial questions and concerns. Sources of this type of counseling include, but are not limited to, Military OneSource, Family Support Services, USO, Air Force Aid Society, Navy & Marine Corps Relief Society, etc.

[Display if B39 "Religious or spiritual counseling" = "Yes, I used this service."]

You indicated that you used religious or spiritual counseling, such as guidance from a chaplain or community-based faith leader.

[Display if B39 "Peer mentoring" = "Yes, I used this service."]

You indicated that you used peer mentoring, such as the TAPS Peer Mentor Program to engage in supportive interactions and mentoring from another survivor.

[Display if B39 "Support group" = "Yes, I used this service."]

You indicated that you used a support group to interact with a group of people with common experiences or concerns who provide each other with encouragement, comfort, and advice. Examples of this type of service include TAPS Peer Group, Grief Share, American Widow Project, Navy Seal Foundation, etc.

[Display if B39 "Crisis intervention" = "Yes, I used this service."]

You indicated that you used crisis intervention, which provide 24-hour access to people who can provide with emotional support. Examples of this type of service include the National Suicide Prevention Lifeline, Military Crisis Line, Veterans Crisis Line, DSTRESS Line, etc.

[Display if B39 "Referral service" = "Yes, I used this service."]

You indicated that you used a referral service to receive assistance with finding resources to address your needs and concerns. Examples of this type of service include the Tragedy Assistance Program for Survivors, Military OneSource, Army Survivor Outreach Services, Navy Gold Star Program, Marine Corps Long Term Assistance Program, Air Force Families of the Fallen, etc.

[Ask if B39 "Other" = "Yes, I used this service"]

You indicated that you used another program or service to assist you in dealing with the loss of the Service member. Please specify the other program or service you used following the death of the Service member. Please do not provide any PII. [255 characters]

a. Was the [service: mental or behavioral health counseling/financial counseling/religious or spiritual counseling/peer mentoring/support group/crisis intervention/referral service/ other service] provided by the military?
    1 Yes, military

2 No, not military
3 Received some military and some non-military services of this type
99 Not Sure

b. Was the {service} provided online?
1 Yes, it was provided online
2 No, it was provided face-to-face
3 Received some of this type of service online and some face-to-face
99 Not Sure

c. When did you first use [mental or behavioral health counseling/"] following the Service member's death?
1 Within 3 months
2 Between 4 to 6 months
3 Between 7 months to a year
4 More than a year
99 Not sure

d. How often did you use {service}?

1 Less than once monthly
2 Monthly
3 Weekly
4 Two to three times a week
5 Daily
99 Not Sure

e. Please indicate the extent to which you agree or disagree with each of the following statements about the {service} you received.

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
Overall, {insert service} helped me deal with the loss of the Service member.	1	2	3	4	5
I am satisfied with the {service} I used following the death of the Service member.	1	2	3	4	5

---------- Page break ----------

B43. [If all Items 1-7 in B39 = "Yes", go to B43.]

[Ask if B39 Matching Item 1-7 is "No, I did not use this service." i.e., ask the loop questions for services that were marked "No, I did not use this service" in B39]

a. You indicated that you did not use {insert service} since the death of the Service member. Were you aware that this program or service was available to you?

1 Yes

2 No [Skip to next loop. If last loop, skip to B43]

999 Don't know/remember [Skip to next loop. If last loop, skip to B43]

b. [Ask if B42A = "Yes"] Which of the following best describes why you have not made use of {insert service} following the death of the Service member? *Select only one response.*

1 I did not think it would be helpful to me

2 It was not located near where I live

3 I could not afford the cost

4 I did not want anyone to know that I wanted or needed this help

5 I did not want to talk with anyone about the Service member

6 Others did not want me to

7 I did not think it was necessary

8 Other reason – Specify, please do not provide any PII: _____ [Limit response to 255 characters (including spaces)]

B42. [Ask if any B39 marked "Yes, I used this service"]; Allow up to 1000 characters (including spaces)]

Please provide below any other feedback you may have on the programs and services you used following the death of the Service member. Please do not provide any PII.

---------- Page break ----------

B44. The following dropdown menus display the resources, programs, and services that you may have used following the death of the Service member.

Please select the resource, program, or service that was most helpful to you in dealing with the loss of the Service member.

First responders

CAO/CACO/CAR and MAO

Unit commanders [Ask if Sample = NOK]

Your command leadership team [Ask if Sample = Unit Member]

Your enlisted leaders at your command [Ask if Sample = Unit Member]

Your immediate supervisor [Ask if Sample = Unit Member]

Suicide or psychological response team [Ask if Sample = Unit Member]

Chaplain [Ask if Sample = Unit Member]

Military medical health care provider [Ask if Sample = Unit Member]

Military medical health care provider [Ask if Sample = Unit Member]

Death investigation

Military funeral honors

Mental or behavioral health counseling

Financial counseling

Religious or spiritual counseling

Peer mentoring

Support group

Crisis intervention

Referral service

I did not use any of these resources, programs, or services

B44. Please select the resource, program, or service that was <u>the second most helpful</u> to you in dealing with the loss of the Service member.

First responders

CAO/CACO/CAR and MAO

Unit commanders [Ask if Sample = NOK]

Your command leadership team [Ask if Sample = Unit Member]

Your enlisted leaders at your command [Ask if Sample = Unit Member]

Your immediate supervisor [Ask if Sample = Unit Member]

Suicide or psychological response team [Ask if Sample = Unit Member]

Chaplain [Ask if Sample = Unit Member]

Military medical health care provider [Ask if Sample = Unit Member]

Military medical health care provider [Ask if Sample = Unit Member]

Death investigation

Military funeral honors

Mental or behavioral health counseling

Financial counseling

Religious or spiritual counseling

Peer mentoring

Support group

Crisis intervention

Referral service

I did not use any of these resources, programs, or services

B44. Please select the resource, program, or service that was <u>the third most helpful</u> to you in dealing with the loss of the Service member.

First responders

CAO/CACO/CAR and MAO

Unit commanders [Ask if Sample = NOK]

Your command leadership team [Ask if Sample = Unit Member]

Your enlisted leaders at your command [Ask if Sample = Unit Member]

Your immediate supervisor [Ask if Sample = Unit Member]

Suicide or psychological response team [Ask if Sample = Unit Member]

Chaplain [Ask if Sample = Unit Member]

Military medical health care provider [Ask if Sample = Unit Member]

Military medical health care provider [Ask if Sample = Unit Member]

Death investigation

Military funeral honors

Mental or behavioral health counseling

Financial counseling

Religious or spiritual counseling

Peer mentoring

Support group

Crisis intervention

Referral service

I did not use any of these resources, programs, or services

NON-PROFIT ORGANIZATIONS

B45. There are a wide range of non-profit organizations that are sources of support for those who have lost a Service member. Some examples of these non-profit organizations include, but are not limited to, American Foundation for Suicide Prevention (AFSP), American Gold Star Mothers, Inc., and The American Legion.

Please list up to 5 non-profit organizations that you interacted with the most since the death of the Service member. Do not provide any Personally Identifiable Information (PII).

1 _____

2 _____

3 _____

4 _____

5 _____

999 Don't know/remember– Skip to B52

B46. [Ask if (B45 Count = 2 and Don't know is not selected) or B45 Count GE 3]. Display organizations selected in B45.]

Which organization was the most helpful in enabling you to deal with the loss of the Service member? *Select one.*

B47. [Ask if (B45 Count = 1 and B45 Don't know is not selected) or B46 Count GE 1 then show matching item] [Ask B51 for organization selected in B46, display response selected in B46 as "organization name." Allow up to 1000 characters (including spaces).]

Please describe the services provided by {organization name} that were <u>most helpful</u> to you in dealing with the loss of the Service member. Please do not provide any PII.

---------- Page break ----------

B48. [Ask if (B45 Count = 1 and Don't know is not selected) or B45 Count GE 2]. Allow up to 1000 characters (including spaces).]

Please describe any experiences with non-profit organizations that were *not* helpful to you in dealing with the loss of the Service member. Please do not provide any PII.

OTHER RESOURCES

B49. [Allow up to 1000 characters (including spaces).]

Other than the ones we have already asked about, what resources, support, and services did you receive following the death of the Service member that were helpful in enabling you to deal with the loss? Please do not provide any PII.

B50. [Allow up to 1000 characters (including spaces).]

Please list any resources, support, or services that you needed, but did not receive following the death of the Service member. Please do not provide any PII.

SECTION C:

Instructions: In this section, we will ask you questions related to your personal experiences and feelings.

C1. Sometimes things happen to people that are extremely upsetting, including life threatening situations such as a major disaster, very serious accident or fire, or being assaulted. At any time during your life, have any of these kinds of things happened to you?

1 Yes, as a child

2 Yes, as an adult

3 Yes, as an adult and as a child

4 No

99 Not sure

C2. Have you ever in your lifetime seen a mental health practitioner, such as a counselor, psychologist, social worker, psychiatrist, or other psychotherapist?

1 Yes – prior to the loss of the Service member

2 Yes – after the loss of the Service member

3 Yes – before and after the loss of the Service member

4 No

99 Not sure

C3. Have you ever in your lifetime felt you needed to see a mental health practitioner, but did not?

1 Yes – prior to the loss of the Service member

2 Yes – after the loss of the Service member

3 Yes – before and after the loss of the Service member

4 No

99 Not sure

---------- Page break ----------

C4. Have you ever had depression, anxiety, drug/alcohol dependence or abuse, post-traumatic stress disorder, or any other mental health condition?

1 Yes – prior to the loss of the Service member

2 Yes – after the loss of the Service member

3 Yes – before and after the loss of the Service member

4 No

99 Not sure

C5. Have your parents, siblings, or children ever had depression, anxiety, drug/alcohol dependence or abuse, post-traumatic stress disorder, or any other mental health condition?

1 Yes – prior to the loss of the Service member

2 Yes – after the loss of the Service member

3 Yes – before and after the loss of the Service member

4 No

99 Not sure

---------- Page break ----------

C6. Not including the deceased Service member, how many times in your lifetime have you experienced the death of someone with whom you were emotionally close (for example, another relative or friend)?

1 Never

2 Once

3 Twice

4 Three times

5 Four times

6 More than four times

C7. In your lifetime, how many people with whom you were emotionally close have died by suicide? Please do not include the deceased Service member if he or she died by suicide.

1 None

2 One

3 Two

4 Three

5 Four

6 More than four

---------- Page break ----------

C8. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	1	2	3	4
2. Feeling down, depressed, or hopeless	1	2	3	4
3. Trouble falling or staying asleep, or sleeping too much	1	2	3	4
4. Feeling tired or having little energy	1	2	3	4
5. Poor appetite or overeating	1	2	3	4
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	1	2	3	4
7. Trouble concentrating on things, such as reading the newspaper or watching television	1	2	3	4
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless than you have been moving around a lot more than usual	1	2	3	4
9. Thoughts that you would be better off dead, or of hurting yourself	1	2	3	4

C9. [Ask if (C8_1 = 2 or C8_1 = 3 or C8_1 = 4) or (C8_2 = 2 or C8_2 = 3 or C8_2 = 4) or (C8_3 = 2 or C8_3 = 3 or C8_3 = 4) or (C8_4 = 2 or C8_4 = 3 or C8_4 = 4) or (C8_5 = 2 or C8_5 = 3 or C8_5 = 4) or (C8_6 = 2 or C8_6 = 3 or C8_6 = 4) or (C8_7 = 2 or C8_7 = 3 or C8_7 = 4) or (C8_8 = 2 or C8_8 = 3 or C8_8 = 4) or (C8_9 = 2 or C8_9 = 3 or C8_9 = 4)] [If one or more C7 items are scored 2, 3 or 4, ask C8. Else skip to C9. If only one C7 item is scored 1, 2 or 3, use 'has this problem.' Else use 'have these problems.

OR If dynamic text is not possible, please display the question without parentheses: "How difficult has this problem/have these problems made it for you to do your work, take care of things at home, or get along with other people?"]

How difficult {has this problem/have these problems} made it for you to do your work, take care of things at home, or get along with other people?

1 Not difficult at all
2 Somewhat difficult
3 Very difficult
4 Extremely difficult

C10. For each of the following, please select the response option that best describes how you feel about the deceased Service member.

Never *means less than once monthly*

Rarely *means more than once monthly, but less than once weekly*

Sometimes *means more than weekly, but less than daily*

Often *means about daily*

Always *means more than once daily*

	Never	Rarely	Some-times	Often	Always
I think about this person so much that it's hard for me to do the things I normally do.	1	2	3	4	5
Memories of the person who died upset me.	1	2	3	4	5
I feel I cannot accept the death of the person who died.	1	2	3	4	5
I feel myself longing for the person who died.	1	2	3	4	5
I feel drawn to places and things associated with the person who died.	1	2	3	4	5
I can't help feeling angry about his/her death.	1	2	3	4	5
I feel disbelief over what happened.	1	2	3	4	5
I feel stunned or dazed over what happened.	1	2	3	4	5
Ever since he/she died, it is hard for me to trust people.	1	2	3	4	5
Ever since he/she died, I feel as if I have lost the ability to care about other people or I feel distant from people I care about.	1	2	3	4	5
I feel lonely a great deal of the time ever since he/she died.	1	2	3	4	5
I have pain in the same area of my body or have some of the same symptoms as the person who died.	1	2	3	4	5
I go out of my way to avoid reminders of the person who died.	1	2	3	4	5
I feel that life is empty without the person who died.	1	2	3	4	5
I hear the voice of the person who died speak to me.	1	2	3	4	5
I see the person who died stand before me.	1	2	3	4	5
I feel that it is unfair that I should live when this person died.	1	2	3	4	5
I feel bitter over this person's death.	1	2	3	4	5
I feel envious of others who have not lost someone close.	1	2	3	4	5

Prigerson, H. G., Maciejewski, P. K., Reynolds, C. F. III, Bierhals, A. J., Newsom, J. T., Fasiczka, A., Frank, E., Doman, J., & Miller, M. (1995). The inventory of complicated grief: a scale to measure maladaptive symptoms of loss. *Psychiatry Research*, 59(1-2), 65-79.

C11. Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully then choose one of the response options to the right to indicate how much you have been bothered by that problem <u>in the past month</u>.

In the past month, how much were you bothered by:

APPENDIX B

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Repeated, disturbing, and unwanted memories of the stressful experience?	1	2	3	4	5
Repeated, disturbing dreams of the stressful experience	1	2	3	4	5
Suddenly feeling or acting as if the stressful experience were actually happening again *(as if you were actually back there reliving it)*?	1	2	3	4	5
Feeling very upset when something reminded you of the stressful experience?	1	2	3	4	5
Having strong physical reactions when something reminded you of the stressful experience *(for example, heart pounding, trouble breathing, sweating)*?	1	2	3	4	5
Avoiding memories, thoughts, or feelings related to the stressful experience?	1	2	3	4	5
Avoiding external reminders of the stressful experience *(for example, people, places, conversations, activities, objects, or situations)*?	1	2	3	4	5
Trouble remembering important parts of the stressful experience?	1	2	3	4	5
Having strong negative beliefs about yourself, other people, or the world *(for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)*?	1	2	3	4	5
Blaming yourself or someone else for the stressful experience or what happened after it?	1	2	3	4	5
Having strong negative feelings such as fear, horror, anger, guilt, or shame?	1	2	3	4	5
Loss of interest in activities that you used to enjoy?	1	2	3	4	5
Feeling distant or cut off from other people?	1	2	3	4	5
Trouble experiencing positive feelings *(for example, being unable to feel happiness or have loving feelings for people close to you)*?	1	2	3	4	5
Irritable behavior, angry outbursts, or acting aggressively?	1	2	3	4	5
Taking too many risks or doing things that could cause you harm?	1	2	3	4	5
Being “super alert” or watchful or on guard?	1	2	3	4	5
Feeling jumpy or easily startled?	1	2	3	4	5
Having difficulty concentrating?	1	2	3	4	5
Trouble falling or staying asleep?	1	2	3	4	5

PCL-5 (8/14/2013) Weathers, Litz, Keane, Palmieri, Marx, & Schnurr -- National Center for PTSD

C12. [Ask if Sample = NOK or UNIT MEMBER]

In completing the items on this page, please think back upon your experiences since the death of the Service member. You may find that some of the questions asked do not apply to you. For these, you should say "Never." For those experiences that you do remember, please try to determine how long they lasted. You may find that some were brief, while some lasted a long time before they finally stopped. Other items you may find that you are still experiencing. After considering if an item applies to you, try to judge, as best you can, how frequently you experienced it in the **first 2 years after** the Service member's death.

Since the death of the Service member, how often did you:

	Never	Rarely	Sometimes	Often	Almost always
Think people were gossiping about you or the Service member?	1	2	3	4	5
Feel like people were probably wondering about what kind of personal problems you and the Service member had experienced?	1	2	3	4	5
Feel like others may have blamed you for the death?	1	2	3	4	5
[Ask if Sample = NOK]Feel like the death somehow reflected negatively on you or your family?	1	2	3	4	5
[Ask if Sample = Unit Member] Feel like the death somehow reflected negatively on you or your Service unit?	1	2	3	4	5
Feel somehow stigmatized by the death?	1	2	3	4	5

Adapted from Stigmatization subscale of the Grief Experiences Questionnaire: Barrett T.W. & Scott, T.B. (1989) Development of the Grief Experiences Questionnaire. *Suicide Life Threat Behav,* 19(2):201-15.

C13. [Ask if Sample = NOK] Since the death of the Service member, how often did you:

	Never	Rarely	Sometimes	Often	Almost Always
Avoid talking about the death of the Service member?	1	2	3	4	5
Feel uncomfortable revealing the cause of the death?	1	2	3	4	5
Feel embarrassed about the death?	1	2	3	4	5
Feel uncomfortable about meeting someone who knew the Service member?	1	2	3	4	5
Not mention the death to people you met casually?	1	2	3	4	5

Adapted from Shame subscale of the Grief Experiences Questionnaire: Barrett T.W. & Scott, T.B. (1989) Development of the Grief Experiences Questionnaire. *Suicide Life Threat Behav,* 19(2):201-15.

C16. [Ask if Sample = NOK or Unit Member] For each of the following statements, mark to what extent you experienced this change as a result of the death of the Service member.

	Did not experi-ence	To a very small degree	To a small degree	To a moderate degree	To a great degree	To a very great degree
I changed my priorities about what is important in life.	1	2	3	4	5	6
I have a greater appreciation for the value of my own life.	1	2	3	4	5	6
I am able to do better things with my life.	1	2	3	4	5	6
I have a better understanding of spiritual matters.	1	2	3	4	5	6
I have a greater sense of closeness with others.	1	2	3	4	5	6
I established a new path for my life.	1	2	3	4	5	6
I know better that I can handle difficulties.	1	2	3	4	5	6
I have a stronger religious faith.	1	2	3	4	5	6
I discovered that I'm stronger than I thought I was.	1	2	3	4	5	6
I learned a great deal about how wonderful people are.	1	2	3	4	5	6
I reach out to help others who are experiencing what I went through.	1	2	3	4	5	6

Cann, A., et al. (2010). A short form of the Posttraumatic Growth Inventory. *Anxiety, Stress, & Coping, 23(2),* 127-137.

---------- Page break ----------

C17. [Ask if Sample = NOK or Unit Member] Please indicate the extent to which you agree with each of the following statements.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I tend to bounce back quickly after hard times.	1	2	3	4	5
I have a hard time making it through stressful events.	1	2	3	4	5
It does not take me long to recover from a stressful event.	1	2	3	4	5
It is hard for me to snap back when something bad happens.	1	2	3	4	5
I usually come through difficult times with little trouble.	1	2	3	4	5
I tend to take a long time to get over set-backs in my life.	1	2	3	4	5

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008) The Brief Resilience Scale: Assessing the Ability to Bounce Back. *International Journal of Behavioral Medicine,* 15: 194-200.

C18. Below are statements that you may agree or disagree with. Indicate your agreement with each item. Please be open and honest in your responses.

	Strongly disagree	Disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Agree	Strongly agree
I lead a purposeful and meaningful life.	1	2	3	4	5	6	7
My social relationships are supportive and rewarding.	1	2	3	4	5	6	7
I am engaged and interested in my daily activities.	1	2	3	4	5	6	7
I actively contribute to the happiness and well-being of others.	1	2	3	4	5	6	7
I am competent and capable in the activities that are important to me.	1	2	3	4	5	6	7
I am a good person and live a good life.	1	2	3	4	5	6	7
I am optimistic about my future.	1	2	3	4	5	6	7
People respect me.	1	2	3	4	5	6	7

Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S., & Biswas-Diener, R. (2010). *New measures of well-being: Flourishing and positive and negative feelings.* Social Indicators Research, 39,247-266.

(Note: This is the Flourishing Scale (FS), one of the Subjective Well-Being Scales.)

---------- Page break ----------

C19. In general, how would you rate your current emotional health compared to how it was at the time of the loss of the Service member?

1 Much worse now than at the time of the loss
2 Somewhat worse now

3 About the same
4 Somewhat better now
5 Much better now than at the time of the loss

99 Not sure

SECTION D

D1. What is your age? [Range 18-99 and prompt valid response]

Years _____

D2. What is your gender?

1 Male

2 Female

D3. What is your current marital status?

1 Married

2 Separated

3 Divorced

4 Widowed

5 Never married

D4. Are you Spanish/Hispanic/Latino?

1 No, not Spanish/Hispanic/Latino

2 Yes, Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, or other Spanish/Hispanic/Latino

D5. What is your race? *Mark one or more races to indicate what race you consider yourself to be.*

1 White or Caucasian

2 Black or African American

3 American Indian or Alaska Native

4 Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, or Vietnamese)

5 Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian, or Chamorro)

D6. What is the highest level of education you have completed or the highest degree you have received?

1 12 years or less of school (no diploma or GED)

2 High school graduate (diploma or GED)

3 Some college, but no degree

4 2-year college degree (AA, AS) / Technical or vocational school

5 4-year college degree (BA, AB, BS)

6 Some graduate school, but no advanced degree

7 Advanced degree (Master's, Doctorate or Professional school degree)

D7. [Use drop down box for response]

Thinking of all adults (age 18 and older) living in your home including yourself, how many adults are currently living in your household? If you live in barracks or group berthing, only count yourself.

_____ [Range 1-10+]

D8. [Use drop down box for response]

Thinking of all the children (age 17 and younger) living in your home, how many children currently live in your household?

_____[Range 0-10+]

D9. What type of health insurance do you currently have?

1 TRICARE

2 Employer-based health insurance

3 Other (including Medicare, Medicaid)

4 Uninsured/None

D10. Do you currently live within 50 miles of a military installation?

1 Yes

2 No – Skip to D11

D11. [Ask is D10 = "Yes"] How often do you currently use military services or programs, such as the commissary, PX, community service programs, on-installation schools, military healthcare or treatment facilities?

1 Never

2 Once a year or less

3 A few times a year

4 Monthly

5 A few times a month

6 Weekly

7 A few times a week

8 Daily

---------- Page break ----------

D12. Thank you for participating in the survey. There are no more questions on this survey. If you have comments or concerns that you were not able to express in answering this survey, please enter them in the space provided. Your comments will be viewed and considered as policy deliberations take place. Do not include any personally identifiable information (PII) in your comments. Any comments you make on this survey will be kept confidential. However, if we perceive comments as a direct threat to yourself or others, out of concern for your welfare, we may contact an office in your area for appropriate action. Your feedback is useful and appreciated.

[OPEN TEXT BOX. Allow up to 1000 characters including spaces.]

---------- Page break ----------

You have completed the Military Bereavement Survey. Thank you! We greatly appreciate your input. Your responses will help improve DoD policies, programs, and/or procedures. If you need any additional assistance, please contact any of the following:

Questions about the survey, please contact the study team
- E-mail dodhra.mbs-survey@mail.mil
- Call 1-831-583-2843

Military OneSource
- Visit http://www.militaryonesource.mil/
- Call 1-800-342-9647

Military Crisis Line
- Visit https://www.veteranscrisisline.net/ActiveDuty.aspx
- Call 1-800-273-8255, Press 1
- Or Text to 838255

DSTRESS Line (Marine Corps)
- Visit http://dstressline.com/
- Or Call 1-877-476-7734

National Suicide Prevention Lifeline

- Visit http://www.suicidepreventionlifeline.org/
- Or Call 1-800-273-8255

National Hopeline Network

- Visit http://www.hopeline.com/
- Or Call 1-800-784-2433

Here are some other types of resources that you may wish to contact:

- Chaplain or faith-based leader
- Behavioral healthcare provider
- Family or friends

The information listed above has also been sent to your e-mail address. You may now close this page.

APPENDIX C:

PSYCHOMETRIC RESULTS

APPENDIX C

PSYCHOMETRIC ANALYSES: POSTVENTION SATISFACTION AND PSYCHOLOGICAL SCALES

Following the questions regarding postvention service usage, respondents answered questions about their own psychological state. Because these questions as well as the questions about postvention service satisfaction, rely on combining items into scales, analysts conducted psychometric analyses as described in the Method section.

EXPLORATORY FACTOR ANALYSES

Researchers conducted EFAs for each measure separately, with all items for the measure entered into the analysis. Researchers examined results to assess the number of factors within each measure, as well as any issues of multicollinearity and poorly performing items. In total, there were fourteen scales and measures showed clean one-factor solutions, with all items loading highly on a single factor, indicating that the scale is measuring a single, uni-dimensional construct. Loadings ranged from a low of .59 for the item asking how often, in the past 2 weeks, the individual had been bothered by, "Thoughts that [they] would be better off dead or of hurting [themselves] in some way," on the Patient Health Questionnaire (PHQ-9) for depression to a high of .87 for the item asking how often respondents had felt down, depressed, or hopeless over the past 2 weeks. Otherwise, the majority of factor loadings were above |.65|, within acceptable ranges (Hu & Bentler, 1999). Researchers discovered a number of minor data issues when conducting the EFAs, as discussed in the following.

Three scales included a question about both respect and caring of either first responders, casualty assistance officers, or leadership. In each case, these questions were highly inter-correlated (*r*s of .83, .94, and .80, respectively). Researchers dropped the "respectful" item from all scales in the CFAs because this high degree of inter-correlation suggests that these are essentially duplicate measurements.

The scale assessing resilience initially showed a two-factor solution. Half of the items (3 of 6) were reverse-worded (assessing low resilience rather than high resilience); these items loaded onto a separate factor. However, when a one-factor solution was extracted, results showed that each item loaded highly onto that single factor (loadings ≥ |.62|), suggesting that the second factor is largely a measurement artifact (i.e., measuring the dynamic of reverse coding) rather than reflecting two separate constructs.

Finally, because participants responded to questions about follow-on services (FOS) separately depending on what services they used, these items often had very few responses. That is, participants were asked about their overall satisfaction with a given follow-on service (e.g., mental or behavioral health counseling, financial counseling, religious or spiritual counseling) that they used, as well as whether they believed that service helped them following the Service member's death. However, because a given individual might have used only one or two services,

there was unsubstantial overlap in responses to all of the possible FOS options. As a result, all responses to the FOS items from a given individual were averaged to create two items reflecting satisfaction and helping for FOS in general. This would generate a two-item factor, which is problematic for later CFAs as the model would be under-identified. However, an EFA here showed high loadings (> .92) for the two items. In addition, results showed that the items were very highly correlated (r = .85) with each other, but not very highly correlated (rs ≤ .37) with any other items related to postvention. This suggests that, although a CFA for this set of items would be under-identified, a one-factor solution would be a good fit. However, because this CFA is not identified, it is not calculated here. Thus, the results overall suggest that all scales are generally showing a one-factor solution, with some minor exceptions that are addressed in more detail when conducting the CFAs.

CONFIRMATORY FACTOR ANALYSES: FELLOW UNIT MEMBER SAMPLE

As discussed, CFAs were conducted on the second half of the unit member sample (n = 1,175). In general, most of the items administered here showed some degree of non-normality. However, the non-normality was far more extreme in the psychological scales (depression, complicated grief, PTSD checklist, grief experiences [shame and stigma], post-traumatic growth, resilience, and flourishing) than in the postvention providers and services questions. As a result, two different estimation methods were used for these two sets of scales. For all postvention service questions, CFAs used a MLR estimation method; for all psychological scales, a WLSMV approach was used.

Given the results of the EFAs, all CFAs initially used a simple one-factor solution, and fit indices generally reflected good fit for those solutions, with full results shown in Table C-1. As discussed earlier, there was high inter-correlation between items assessing respect and items assessing caring of first responders. Thus, the items assessing respectfulness of first responders, casualty assistance officers, and leadership were dropped from the CFAs, and the resulting models fit well. For the resilience scale, measurement errors on the reverse-coded items were allowed to correlate, again, resulting in good fit.

Table C-1
Fit Indices for CFAs for Fellow Unit Members

Scale	N	x^2	*p*	CFI	TLI	RMSEA	SRMR
First Responders	104	1.459	0.482	1	1	0	.009
Casualty Assistance Officers	335	6.524	0.258	.997	.994	.03	.01
Leadership	934	10.057	0.002	.988	.963	.098	.097
Funeral	714	23.520	<.001	.945	.834	.178	.141
Investigation	497	67.459	<.001	.953	.921	.114	.029
Depression	1175	56.805	<.001	.900	.834	.067	.03
Complicated Grief	1097	500.225	0.001	.757	.726	.046	.069
PTSD	1070	528.43	<.001	.691	.65	.052	.058
Stigma	1097	56.461	<.001	.814	.628	.094	.04
Shame	1112	59.772	<.001	.855	.709	.099	.048
Post-Traumatic Growth Index	1091	311.94	<.001	.913	.888	.085	.039
Resilience	1098	35.354	<.001	.985	.961	.067	.02
Flourishing	1079	116.39	<.001	.915	.88	.067	.02

However, there were some scales with slight complications, as discussed in the following sections. In particular, several of the psychological scales showed mediocre fit at best. This is not surprising given the EFA results and the performance of these scales in previous studies. Overall, all scales showed acceptable reliability, as shown in Table C-1. Note that reliability analyses were conducted on the entire fellow unit member sample, not just the half used for the CFAs. Following the initial psychometric analyses, based upon the results, researchers summed the items within each scale to create scale scores.

As shown in Table C-3, the postvention scales are highly to moderately inter-correlated, suggesting that (as hypothesized) all of the scales reflect an underlying satisfaction with postvention providers and services as a whole. In order to test this assumption, the same two-step procedure previously described was applied, wherein an initial EFA was conducted on the six postvention providers and services scales (first responders, casualty assistance officers, leadership, investigation, funeral, and follow-on services, two items averaged) on half of the sample, followed by a CFA (using Maximum Likelihood Robust Estimation, MLR) on the larger sample. Results of the EFA showed that the six scales loaded highly (≥.48) on a single factor. The resulting CFA fit well (CFI = .969, TLI = .948, RMSEA = .029, SRMR = .054). In some subsequent analyses, the total postvention satisfaction score (an average of the postvention satisfaction scales) is used.

CONFIRMATORY FACTOR ANALYSES: NOK SAMPLE

Analysts did not conduct a CFA for first responder interactions with NOK because the sample size for questions about first responders was very small as a result of

very few NOK reporting interactions with first responders. CFAs were otherwise conducted in the same fashion for the NOK sample as for the fellow unit member sample. Fit indices are shown in Table C-2. Cronbach's *a* was within acceptable ranges for all scales (Cronbach, 1951). Following the CFAs, researchers calculated scale scores for the various items. Table C-4 shows scale inter-correlations (descriptive statistics for both samples are reported in the Results).

Table C-2
Fit Indices for CFAs for NOK Sample

Scale	N	x^2	*p*	CFI	TLI	RMSEA	SRMR
First Responders	50						
Casualty Assistance Officers	178	5.714	.335	.998	.996	.028	.012
Leadership	151	14.978	<.001	.917	.75	.304	.193
Funeral	192	5.941	.015	.0928	.783	.160	.157
Investigation	144	40.465	<.001	.929	.881	.156	.033
Depression	175	28.12	.001	.821	.701	.110	.047
Complicated Grief	167	266.836	<.001	.850	.831	.067	.080
PTSD	167	243.76	<.001	.752	.723	.051	.075
Stigma	174	18.348	.003	.911	.821	.124	.032
Shame	176	24.833	<.001	.825	.65	.151	.061
Post-Traumatic Growth Index	175	205.99	<.001	.767	.701	.168	.093
Resilience	179	11.904	.064	.981	.952	.074	.035
Flourishing	175	34.675	.022	.886	.84	.065	.045

Again, a CFA was also conducted to test the fit of a model combining scores for all of the postvention providers and services. Results showed that this model did not fit as well as the same model within the fellow unit member sample (CFI = .86, TLI = .76, RMSEA = .10, SRMR = .08). However, given the smaller sample size and the good fit of this model within the fellow unit member sample, we chose to proceed using this overarching scale of postvention satisfaction for some items. Nonetheless, future research should confirm the measurement quality of these scales within the NOK sample.

Table C-3
Unit Member Scale Descriptive Statistics and Correlations

Scale	Cronbach's *α*	1	2	3	4	5	6	7	8	9	10	11	12	13
1. First Responders	0.938													
2. Casualty Assistance Officers	0.954	.58*												
3. Leadership	0.917	.56*	.37*											
4. Investigation	0.939	.28*	.48*	.39*										
5. Funeral	0.824	.25*	.43*	.49*	.42*									
6. Follow-on Services	--	.36*	.31*	.49*	.33*	.46*								
7. Depression	0.931	-.07	-0.02	-.20*	-.17*	-.20*	-.30*							
8. Complicated Grief	0.944	-.07	-0.01	-.13*	-.05	-.02	-.29*	.41*						
9. PTSD	0.971	-.03	-0.04	-.14*	-.10*	-.16*	-.32*	.75*	.54*					
10. Shame	0.806	-.12	-.17*	-.21*	-.21*	-.12*	-.30*	.35*	.51*	.43*				
11. Stigma	0.811	-.02	-.16*	-.18*	-.11*	-.09*	-.27*	.38*	.53*	.47*	.59*			
12. Growth	0.959	.03	.17*	.08*	.16*	.19*	.09	.10*	.31*	.14*	.21*	.25*		
13. Resilience	0.859	.09	.09	.19*	.11*	.09*	.30*	-.38*	-.25*	-.36*	-.19*	-.21*	-.09*	
14. Flourishing	0.972	.10	.10	.28*	.15*	.24*	.37*	-.45*	-.22*	-.36*	-.17*	-.17*	.13*	.55*

Note. * p < 0 .05

Table C-4
NOK Scale Descriptive Statistics and Correlations

Scale	Cronbach's *a*	1	2	3	4	5	6	7	8	9	10	11	12	13
1. First Responders	.925													
2. Casualty Assistance Officers	.942	.69*												
3. Leadership	.899	.58*	.58*											
4. Investigation	.951	.27	.37*	.33*										
5. Funeral	.755	.34*	.36*	.37*	.40*									
6. Follow-on Services	--	-.01	.09	.15	.25*	.36*								
7. Depression	.921	-.09	-.29*	-.25*	-.17	-.32*	-.28*							
8. Complicated Grief	.925	-.14	-.31*	-.25*	-.22*	-.20*	-.27*	.60*						
9. PTSD	.946	.05	-.30*	-.23*	-.17	-.23*	-.36*	.79*	.81*					
10. Shame	.903	-.12	-.31*	-.23*	-.30*	-.31*	-.1	.32*	.26*	.36*				
11. Stigma	.795	-.13	-.28*	-.16	-.17	-.14	-.16	.19*	.25*	.30*	.59*			
12. Growth	.887	.04	.01	.01	-.02	.03	.28*	-.11	-.04	-.09	.07	-.02		
13. Resilience	.871	-.002	.23*	.18*	.20*	.11	.16	-.50*	-.37*	-.43*	-.26*	-.20*	.1	
14. Flourishing	.932	.06	.34*	.25*	.28*	.32*	.34*	-.52*	-.43*	-.49*	-.27*	-.31*	.23*	.52*

Note. * p < 0 .05

APPENDIX D:

FULL MODEL RESULTS FOR THE NOK SAMPLE

MODEL 1 RESULTS

Table D-1
Depression Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	7.991	5.050	.000	.000	126.83	1.58	.116
Marital Status (Never Married v. Married)	-.476	4.194	-.009	.081	129.58	-0.11	.910
Marital Status (Divorced, Separated, or Other v. Married)	1.069	1.178	.088	.097	142.00	0.91	.366
Gender (Men v. Women)	-2.182	1.034	-.175	.083	71.21	-2.11	.038
Ethnicity	-1.914	1.344	-.117	.082	141.61	-1.42	.157
Education (< HS v. HS)	-7.798	5.941	-.107	.082	131.85	-1.31	.192
Education (Some College v. HS)	-1.240	1.542	-.104	.130	119.46	-0.80	.423
Education (Bachelor's v. HS)	-3.136	1.544	-.271	.134	140.42	-2.03	.044
Age	-.004	.047	-.007	.096	121.46	-0.08	.940
Year of Death	-.626	.338	-.162	.087	116.40	-1.86	.066
Closeness	.467	.745	.053	.085	120.08	0.63	.532
Previous exposure to traumatic events	.804	.952	.070	.082	122.66	0.84	.400
Previous exposure to other deaths	-.875	1.496	-.047	.081	136.61	-0.58	.560
Previous exposure to suicide deaths	1.024	1.192	.072	.084	141.79	0.86	.392
Cause of Death (Suicide vs. Accident)	1.304	1.132	.101	.088	133.77	1.15	.251

Table D-2
PTSD Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	40.507	11.830	.000	.000	122.31	3.42	.001
Marital Status (Never Married v. Married)	-9.530	12.801	-.057	.076	139.10	-0.74	.458

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Marital Status (Divorced, Separated, or Other v. Married)	-.923	2.709	-.033	.097	140.83	-0.34	.734
Gender (Men v. Women)	-5.678	2.396	-.197	.083	111.75	-2.37	.019
Ethnicity	-5.025	3.161	-.131	.082	139.71	-1.59	.114
Education (< HS v. HS)	5.057	9.543	.042	.080	137.73	0.53	.597
Education (Some College v. HS)	-5.824	3.745	-.211	.136	130.52	-1.56	.122
Education (Bachelor's v. HS)	-8.344	3.672	-.312	.137	113.99	-2.27	.025
Age	-.206	.109	-.185	.098	129.72	-1.88	.062
Year of Death	-2.156	.739	-.242	.083	91.02	-2.92	.004
Closeness	.884	1.666	.044	.083	140.99	0.53	.597
Previous exposure to traumatic events	3.561	2.147	.133	.080	139.87	1.66	.099
Previous exposure to other deaths	-4.728	3.304	-.110	.077	132.07	-1.43	.155
Previous exposure to suicide deaths	4.069	2.696	.121	.080	137.44	1.51	.134
Cause of Death (Suicide vs. Accident)	.637	2.485	.022	.085	107.18	0.26	.798

Table D-3
Shame Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	19.245	3.606	.000	.000	146.96	5.34	.000
Marital Status (Never Married v. Married)	2.723	2.996	.067	.074	139.88	0.91	.365
Marital Status (Divorced, Separated, or Other v. Married)	2.225	.850	.234	.089	147.00	2.62	.010
Gender (Men v. Women)	-1.241	.730	-.127	.075	104.54	-1.70	.092
Ethnicity	-1.302	.985	-.103	.078	142.99	-1.32	.188
Education (< HS v. HS)	-1.998	3.061	-.049	.075	141.74	-0.65	.515
Education (Some College v. HS)	.622	1.108	.067	.119	136.97	0.56	.576
Education (Bachelor's v. HS)	.435	1.100	.048	.122	146.89	0.40	.693

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Age	-.060	.033	-.159	.088	144.25	-1.81	.073
Year of Death	.132	.239	.044	.079	121.08	0.55	.581
Closeness	-1.686	.528	-.245	.077	141.57	-3.20	.002
Previous exposure to traumatic events	1.115	.674	.123	.075	135.15	1.65	.101
Previous exposure to other deaths	-1.334	1.079	-.088	.071	125.49	-1.24	.219
Previous exposure to suicide deaths	-.011	.853	-.001	.075	143.30	-0.01	.990
Cause of Death (Suicide vs. Accident)	2.775	.797	.278	.080	136.57	3.48	.001

Table D-4
Stigma Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	15.625	3.804	.000	.000	137.69	4.11	.000
Marital Status (Never Married v. Married)	.520	3.086	.011	.067	138.39	0.17	.866
Marital Status (Divorced, Separated, or Other v. Married)	1.529	.884	.142	.082	144.60	1.73	.086
Gender (Men v. Women)	-1.344	.727	-.122	.066	86.43	-1.85	.068
Ethnicity	-.981	1.040	-.066	.070	141.31	-0.94	.347
Education (< HS v. HS)	-.341	3.168	-.007	.069	141.80	-0.11	.914
Education (Some College v. HS)	-.276	1.141	-.026	.109	110.24	-0.24	.809
Education (Bachelor's v. HS)	.917	1.144	.090	.112	135.97	0.80	.424
Age	-.103	.034	-.241	.080	127.84	-3.03	.003
Year of Death	.165	.249	.048	.072	135.30	0.66	.508
Closeness	-.606	.546	-.076	.069	125.38	-1.11	.269
Previous exposure to traumatic events	-.135	.674	-.013	.066	120.38	-0.20	.841
Previous exposure to other deaths	-1.326	1.047	-.080	.063	119.03	-1.27	.208
Previous exposure to suicide deaths	.704	.843	.056	.067	129.68	0.84	.405

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Cause of Death (Suicide vs. Accident)	5.990	.820	.534	.073	145.22	7.31	.000

Table D-5
Complicated Grief Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	30.029	12.025	.000	.000	125.20	2.50	.014
Marital Status (Never Married v. Married)	-14.520	13.670	-.081	.076	137.23	-1.06	.290
Marital Status (Divorced, Separated, or Other v. Married)	2.856	2.989	.095	.099	133.86	0.96	.341
Gender (Men v. Women)	-2.633	2.564	-.085	.083	126.36	-1.03	.306
Ethnicity	.728	3.296	.018	.083	137.33	0.22	.825
Education (< HS v. HS)	19.751	10.176	.155	.080	135.95	1.94	.054
Education (Some College v. HS)	1.710	3.909	.057	.131	130.93	0.44	.662
Education (Bachelor's v. HS)	-3.297	3.786	-.114	.131	115.81	-0.87	.386
Age	-.061	.116	-.051	.096	127.20	-0.53	.599
Year of Death	-2.641	.796	-.271	.082	99.37	-3.32	.001
Closeness	1.868	1.797	.087	.084	138.06	1.04	.300
Previous exposure to traumatic events	.975	2.312	.034	.080	134.43	0.42	.674
Previous exposure to other deaths	-4.814	3.459	-.107	.077	132.09	-1.39	.166
Previous exposure to suicide deaths	4.856	3.023	.132	.082	137.47	1.61	.110
Cause of Death (Suicide vs. Accident)	4.618	2.695	.144	.084	94.00	1.71	.090

Table D-6
Posttraumatic Growth Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	12.857	10.912	.000	.000	144.24	1.18	.241

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Marital Status (Never Married v. Married)	7.677	8.969	.068	.080	143.34	0.86	.393
Marital Status (Divorced, Separated, or Other v. Married)	.111	2.533	.004	.097	147.00	0.04	.965
Gender (Men v. Women)	-4.255	2.205	-.158	.082	119.07	-1.93	.056
Ethnicity	5.416	2.873	.157	.083	146.22	1.89	.061
Education (< HS v. HS)	9.064	9.165	.080	.081	144.44	0.99	.324
Education (Some College v. HS)	4.070	3.306	.158	.129	140.30	1.23	.220
Education (Bachelor's v. HS)	3.799	3.286	.153	.132	147.00	1.16	.249
Age	-.117	.098	-.114	.096	143.81	-1.19	.236
Year of Death	-.044	.726	-.005	.085	133.00	-0.06	.951
Closeness	2.961	1.627	.153	.084	138.51	1.82	.071
Previous exposure to traumatic events	-1.643	2.008	-.066	.080	138.77	-0.82	.415
Previous exposure to other deaths	4.065	3.167	.100	.078	144.63	1.28	.201
Previous exposure to suicide deaths	2.018	2.478	.066	.081	146.38	0.81	.417
Cause of Death (Suicide vs. Accident)	1.309	2.421	.046	.086	141.84	0.54	.590

Table D-7
Resilience Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	4.045	.682	.000	.000	133.97	5.93	.000
Marital Status (Never Married v. Married)	.132	.589	.017	.076	142.63	0.22	.823
Marital Status (Divorced, Separated, or Other v. Married)	.110	.164	.062	.093	151.46	0.67	.502
Gender (Men v. Women)	.582	.137	.323	.076	88.41	4.25	.000
Ethnicity	.513	.182	.222	.079	150.68	2.82	.005
Education (< HS v. HS)	-.230	.601	-.030	.078	145.81	-0.38	.702
Education (Some College v. HS)	.086	.212	.050	.123	121.90	0.41	.685

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Education (Bachelor's v. HS)	.045	.212	.027	.126	145.77	0.21	.834
Age	-.009	.006	-.128	.090	132.04	-1.42	.159
Year of Death	.042	.047	.074	.082	138.83	0.90	.370
Closeness	-.177	.101	-.139	.079	131.53	-1.76	.080
Previous exposure to traumatic events	.056	.128	.033	.076	127.42	0.44	.662
Previous exposure to other deaths	.160	.197	.059	.073	127.52	0.81	.418
Previous exposure to suicide deaths	-.186	.160	-.089	.077	140.81	-1.16	.247
Cause of Death (Suicide vs. Accident)	-.172	.155	-.092	.083	148.00	-1.11	.268

Table D-8
Flourishing Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	43.965	6.809	.000	.000	148.04	6.46	.000
Marital Status (Never Married v. Married)	-.612	5.698	-.008	.078	141.07	-0.11	.915
Marital Status (Divorced, Separated, or Other v. Married)	-2.886	1.630	-.169	.096	148.64	-1.77	.079
Gender (Men v. Women)	4.430	1.397	.256	.081	103.57	3.17	.002
Ethnicity	3.944	1.799	.179	.082	148.42	2.19	.030
Education (< HS v. HS)	-.749	5.831	-.010	.080	142.56	-0.13	.898
Education (Some College v. HS)	-.355	2.122	-.021	.128	144.07	-0.17	.867
Education (Bachelor's v. HS)	.641	2.086	.040	.130	145.25	0.31	.759
Age	-.101	.063	-.151	.094	147.30	-1.61	.109
Year of Death	1.025	.451	.188	.083	109.62	2.27	.025
Closeness	.499	1.001	.041	.082	142.40	0.50	.619
Previous exposure to traumatic events	-.713	1.281	-.044	.079	135.18	-0.56	.579
Previous exposure to other deaths	.475	2.014	.018	.076	130.61	0.24	.814

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Previous exposure to suicide deaths	-.027	1.609	-.001	.080	143.74	-0.02	.987
Cause of Death (Suicide vs. Accident)	-2.310	1.508	-.129	.084	125.77	-1.53	.128

MODEL 2 RESULTS

Table D-9
Postvention Satisfaction Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	3.521	.658	.000	.000	149.05	5.35	.000
Marital Status (Never Married v. Married)	.583	.563	.078	.075	149.79	1.04	.302
Marital Status (Divorced, Separated, or Other v. Married)	-.229	.154	-.135	.091	154.99	-1.48	.140
Gender (Men v. Women)	.359	.133	.206	.076	117.57	2.70	.008
Ethnicity	-.029	.175	-.013	.078	154.57	-0.17	.868
Education (< HS v. HS)	.864	.576	.116	.077	151.42	1.50	.136
Education (Some College v. HS)	-.260	.205	-.157	.124	143.58	-1.27	.206
Education (Bachelor's v. HS)	.009	.204	.006	.127	154.43	0.04	.964
Age	.007	.006	.103	.089	149.28	1.15	.251
Year of Death	.014	.044	.026	.080	142.89	0.33	.744
Closeness	.070	.097	.058	.080	147.01	0.72	.472
Previous exposure to traumatic events	-.010	.122	-.006	.076	145.21	-0.08	.934
Previous exposure to other deaths	-.053	.191	-.020	.073	143.15	-0.28	.781
Previous exposure to suicide deaths	-.005	.155	-.003	.077	152.31	-0.04	.972
Cause of Death (Suicide vs. Accident)	-.300	.148	-.167	.083	149.91	-2.03	.044

MODEL 3 RESULTS

Table D-10
Depression Predicted by Postvention Satisfaction

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	14.429	5.053	.000	.000	130.11	2.86	.005
Postvention Satisfaction	-1.935	.580	-.274	.082	141.70	-3.34	.001
Marital Status (Never Married v. Married)	.475	4.097	.009	.080	131.17	0.12	.908
Marital Status (Divorced, Separated, or Other v. Married)	.686	1.146	.056	.094	140.46	0.60	.550
Gender (Men v. Women)	-1.418	.994	-.114	.080	69.82	-1.43	.158
Ethnicity	-1.953	1.294	-.120	.079	141.24	-1.51	.133
Education (< HS v. HS)	-6.422	5.807	-.089	.080	132.75	-1.11	.271
Education (Some College v. HS)	-1.603	1.472	-.135	.124	105.28	-1.09	.279
Education (Bachelor's v. HS)	-2.989	1.474	-.259	.128	133.70	-2.03	.045
Age	.022	.045	.044	.092	105.46	0.48	.630
Year of Death	-.639	.325	-.165	.084	129.44	-1.97	.051
Closeness	.653	.694	.074	.079	119.96	0.94	.349
Previous exposure to traumatic events	.712	.911	.062	.079	113.60	0.78	.436
Previous exposure to other deaths	-1.279	1.439	-.069	.077	133.23	-0.89	.376
Previous exposure to suicide deaths	1.248	1.147	.088	.081	137.44	1.09	.279

Table D-11
PTSD Predicted by Postvention Satisfaction

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	53.299	11.957	.000	.000	95.72	4.46	.000
Postvention Satisfaction	-3.687	1.315	-.223	.079	132.48	-2.80	.006

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Marital Status (Never Married v. Married)	-6.842	12.476	-.041	.074	139.55	-0.55	.584
Marital Status (Divorced, Separated, or Other v. Married)	-1.763	2.650	-.063	.095	138.84	-0.67	.507
Gender (Men v. Women)	-4.345	2.393	-.151	.083	115.61	-1.82	.072
Ethnicity	-5.100	3.054	-.132	.079	137.78	-1.67	.097
Education (< HS v. HS)	8.212	9.340	.069	.078	134.05	0.88	.381
Education (Some College v. HS)	-6.864	3.615	-.249	.131	102.80	-1.90	.060
Education (Bachelor's v. HS)	-8.359	3.518	-.313	.132	77.23	-2.38	.020
Age	-.191	.105	-.171	.094	115.84	-1.81	.073
Year of Death	-2.057	.704	-.230	.079	69.53	-2.92	.005
Closeness	1.159	1.557	.058	.078	141.10	0.74	.458
Previous exposure to traumatic events	3.624	2.091	.135	.078	140.95	1.73	.085
Previous exposure to other deaths	-4.664	3.217	-.108	.075	131.37	-1.45	.150
Previous exposure to suicide deaths	4.218	2.614	.126	.078	125.48	1.61	.109

Table D-12
Shame Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	25.637	3.874	.000	.000	146.38	6.62	.000
Postvention Satisfaction	-1.066	.436	-.192	.079	146.59	-2.44	.016
Marital Status (Never Married v. Married)	2.681	3.081	.066	.076	138.78	0.87	.386
Marital Status (Divorced, Separated, or Other v. Married)	1.977	.870	.208	.092	146.12	2.27	.025
Gender (Men v. Women)	-.968	.750	-.099	.077	97.87	-1.29	.200
Ethnicity	-1.763	1.003	-.139	.079	141.75	-1.76	.081
Education (< HS v. HS)	-1.074	3.160	-.026	.078	140.54	-0.34	.735
Education (Some College v. HS)	.926	1.113	.100	.120	124.61	0.83	.407

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Education (Bachelor's v. HS)	.996	1.109	.111	.123	145.69	0.90	.371
Age	-.041	.033	-.110	.089	134.72	-1.23	.220
Year of Death	-.012	.241	-.004	.080	130.37	-0.05	.960
Closeness	-2.046	.520	-.297	.075	140.76	-3.94	.000
Previous exposure to traumatic events	1.191	.681	.132	.075	125.46	1.75	.083
Previous exposure to other deaths	-1.684	1.086	-.112	.072	116.32	-1.55	.124
Previous exposure to suicide deaths	.169	.862	.015	.076	133.32	0.20	.845

Table D-13
Stigma Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	27.155	4.513	.000	.000	141.88	6.02	.000
Postvention Satisfaction	-1.492	.515	-.228	.079	142.45	-2.90	.004
Marital Status (Never Married v. Married)	-.137	3.520	-.003	.076	140.10	-0.04	.969
Marital Status (Divorced, Separated, or Other v. Married)	.926	1.013	.086	.094	143.30	0.91	.362
Gender (Men v. Women)	-.814	.837	-.074	.076	96.30	-0.97	.333
Ethnicity	-1.355	1.182	-.091	.080	142.34	-1.15	.254
Education (< HS v. HS)	1.006	3.635	.022	.079	142.22	0.28	.782
Education (Some College v. HS)	.401	1.285	.038	.123	112.02	0.31	.756
Education (Bachelor's v. HS)	1.861	1.287	.183	.126	136.82	1.45	.151
Age	-.074	.038	-.174	.090	127.33	-1.94	.055
Year of Death	-.159	.279	-.046	.081	138.08	-0.57	.570
Closeness	-1.486	.598	-.187	.075	134.44	-2.48	.014
Previous exposure to traumatic events	-.238	.762	-.023	.075	122.43	-0.31	.755
Previous exposure to other deaths	-1.689	1.182	-.102	.071	120.80	-1.43	.156

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Previous exposure to suicide deaths	.999	.953	.079	.075	130.01	1.05	.296

Table D-14
Complicated Grief Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	47.657	12.380	.000	.000	132.51	3.85	.000
Postvention Satisfaction	-4.714	1.386	-.268	.079	138.29	-3.40	.001
Marital Status (Never Married v. Married)	-12.157	13.344	-.068	.074	136.33	-0.91	.364
Marital Status (Divorced, Separated, or Other v. Married)	2.151	2.930	.071	.097	135.68	0.73	.464
Gender (Men v. Women)	-.691	2.519	-.022	.081	127.36	-0.27	.784
Ethnicity	.180	3.187	.005	.080	136.81	0.06	.955
Education (< HS v. HS)	23.474	9.983	.184	.078	135.49	2.35	.020
Education (Some College v. HS)	.943	3.783	.032	.127	138.56	0.25	.804
Education (Bachelor's v. HS)	-2.826	3.663	-.098	.127	130.74	-0.77	.442
Age	.006	.112	.005	.093	137.84	0.05	.961
Year of Death	-2.688	.773	-.276	.079	122.16	-3.48	.001
Closeness	1.817	1.686	.085	.079	138.37	1.08	.283
Previous exposure to traumatic events	.428	2.235	.015	.077	132.76	0.19	.849
Previous exposure to other deaths	-5.183	3.337	-.115	.074	130.34	-1.55	.123
Previous exposure to suicide deaths	5.102	2.924	.138	.079	133.22	1.74	.083

Table D-15
Posttraumatic Growth Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	9.494	11.618	.000	.000	145.26	0.82	.415

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Postvention Satisfaction	1.216	1.298	.078	.083	146.31	0.94	.350
Marital Status (Never Married v. Married)	6.559	8.980	.058	.080	143.33	0.73	.466
Marital Status (Divorced, Separated, or Other v. Married)	.399	2.545	.015	.098	146.97	0.16	.876
Gender (Men v. Women)	-4.739	2.248	-.176	.083	125.04	-2.11	.037
Ethnicity	5.240	2.839	.152	.082	146.58	1.85	.067
Education (< HS v. HS)	8.013	9.223	.071	.082	144.00	0.87	.386
Education (Some College v. HS)	4.701	3.279	.183	.128	140.54	1.43	.154
Education (Bachelor's v. HS)	4.213	3.242	.169	.130	146.97	1.30	.196
Age	-.113	.097	-.110	.095	142.91	-1.16	.246
Year of Death	-.125	.714	-.015	.084	134.58	-0.18	.861
Closeness	2.656	1.567	.137	.081	142.45	1.69	.092
Previous exposure to traumatic events	-1.694	2.001	-.068	.080	138.26	-0.85	.399
Previous exposure to other deaths	4.043	3.158	.100	.078	144.37	1.28	.203
Previous exposure to suicide deaths	2.091	2.468	.068	.081	146.08	0.85	.398

Table D-16
Resilience Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	3.134	.703	.000	.000	142.99	4.46	.000
Postvention Satisfaction	.228	.081	.219	.078	151.05	2.81	.006
Marital Status (Never Married v. Married)	.025	.579	.003	.075	144.10	0.04	.965
Marital Status (Divorced, Separated, or Other v. Married)	.159	.161	.090	.091	150.87	0.99	.324
Gender (Men v. Women)	.496	.137	.275	.076	96.32	3.63	.000
Ethnicity	.539	.177	.233	.077	151.11	3.04	.003
Education (< HS v. HS)	-.433	.593	-.056	.077	146.14	-0.73	.467

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Education (Some College v. HS)	.116	.206	.067	.119	122.94	0.56	.575
Education (Bachelor's v. HS)	.020	.206	.012	.122	146.11	0.10	.921
Age	-.011	.006	-.155	.087	130.40	-1.77	.079
Year of Death	.047	.045	.082	.079	142.15	1.04	.300
Closeness	-.177	.095	-.139	.075	139.53	-1.86	.066
Previous exposure to traumatic events	.058	.125	.034	.074	127.70	0.46	.643
Previous exposure to other deaths	.184	.192	.068	.071	128.40	0.96	.339
Previous exposure to suicide deaths	-.191	.156	-.092	.075	139.87	-1.22	.224

Table D-17
Flourishing Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	31.477	6.803	.000	.000	148.98	4.63	.000
Postvention Satisfaction	3.199	.777	.321	.078	147.55	4.12	.000
Marital Status (Never Married v. Married)	-2.181	5.456	-.030	.074	143.49	-0.40	.690
Marital Status (Divorced, Separated, or Other v. Married)	-2.290	1.564	-.134	.092	148.83	-1.46	.145
Gender (Men v. Women)	3.250	1.363	.188	.079	120.66	2.38	.019
Ethnicity	4.224	1.704	.192	.077	148.94	2.48	.014
Education (< HS v. HS)	-3.307	5.605	-.045	.076	143.52	-0.59	.556
Education (Some College v. HS)	.153	2.011	.009	.121	146.52	0.08	.940
Education (Bachelor's v. HS)	.465	1.972	.029	.123	144.96	0.24	.814
Age	-.131	.060	-.195	.089	146.71	-2.19	.030
Year of Death	1.055	.423	.194	.078	121.81	2.49	.014
Closeness	.510	.923	.042	.076	147.11	0.55	.582
Previous exposure to traumatic events	-.587	1.222	-.036	.075	139.12	-0.48	.631

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Previous exposure to other deaths	.695	1.920	.026	.073	136.14	0.36	.718
Previous exposure to suicide deaths	-.339	1.533	-.017	.076	146.29	-0.22	.825

MODEL 4 RESULTS

Table D-18
Depression Predicted by Cause of Death and Postvention Satisfaction

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	13.460	5.274	128.411	.000	0.00	2.55	.012
Postvention Satisfaction	-1.871	.590	140.726	-.265	0.08	-3.17	.002
Marital Status (Never Married v. Married)	.638	4.114	130.228	.012	0.08	0.16	.877
Marital Status (Divorced, Separated, or Other v. Married)	.719	1.149	139.981	.059	0.09	0.63	.532
Gender (Men v. Women)	-1.448	.997	68.831	-.116	0.08	-1.45	.151
Ethnicity	-1.876	1.301	139.773	-.115	0.08	-1.44	.152
Education (< HS v. HS)	-6.508	5.821	132.155	-.090	0.08	-1.12	.266
Education (Some College v. HS)	-1.705	1.484	101.160	-.144	0.12	-1.15	.253
Education (Bachelor's v. HS)	-3.117	1.490	130.463	-.270	0.13	-2.09	.038
Age	.019	.045	104.014	.038	0.09	0.41	.681
Year of Death	-.599	.331	129.552	-.155	0.09	-1.81	.073
Closeness	.765	.716	109.895	.087	0.08	1.07	.287
Previous exposure to traumatic events	.723	.913	112.818	.063	0.08	0.79	.430
Previous exposure to other deaths	-1.211	1.445	132.663	-.065	0.08	-0.84	.403
Previous exposure to suicide deaths	1.188	1.153	136.637	.084	0.08	1.03	.305
Cause of Death (Suicide vs. Accident)	.724	1.119	139.560	.056	0.09	0.65	.519

Table D-19
PTSD Predicted by Cause of Death and Postvention Satisfaction

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	53.719	12.454	108.440	.000	0.00	4.31	.000
Postvention Satisfaction	-3.724	1.338	135.882	-.225	0.08	-2.78	.006
Marital Status (Never Married v. Married)	-6.942	12.535	137.627	-.041	0.07	-0.55	.581
Marital Status (Divorced, Separated, or Other v. Married)	-1.732	2.660	138.207	-.062	0.10	-0.65	.516
Gender (Men v. Women)	-4.307	2.398	112.559	-.149	0.08	-1.80	.075
Ethnicity	-5.158	3.088	137.886	-.134	0.08	-1.67	.097
Education (< HS v. HS)	8.181	9.381	133.546	.069	0.08	0.87	.385
Education (Some College v. HS)	-6.810	3.673	123.293	-.247	0.13	-1.85	.066
Education (Bachelor's v. HS)	-8.281	3.580	96.649	-.310	0.13	-2.31	.023
Age	-.186	.107	122.447	-.167	0.10	-1.74	.084
Year of Death	-2.081	.720	73.404	-.233	0.08	-2.89	.005
Closeness	1.097	1.630	140.430	.055	0.08	0.67	.502
Previous exposure to traumatic events	3.572	2.099	138.969	.133	0.08	1.70	.091
Previous exposure to other deaths	-4.701	3.232	128.494	-.109	0.08	-1.45	.148
Previous exposure to suicide deaths	4.313	2.635	132.040	.128	0.08	1.64	.104
Cause of Death (Suicide vs. Accident)	-.444	2.454	92.968	-.015	0.08	-0.18	.857

Table D-20
Shame Predicted by Cause of Death and Postvention Satisfaction

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	22.243	3.905	145.908	.000	0.00	5.70	.000
Postvention Satisfaction	-.809	.432	145.967	-.146	0.08	-1.87	.063
Marital Status (Never Married v. Married)	3.174	2.985	137.279	.078	0.07	1.06	.290

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Marital Status (Divorced, Separated, or Other v. Married)	2.061	.847	145.970	.217	0.09	2.43	.016
Gender (Men v. Women)	-.953	.741	102.266	-.098	0.08	-1.29	.201
Ethnicity	-1.384	.978	140.870	-.109	0.08	-1.42	.159
Education (< HS v. HS)	-1.311	3.061	138.789	-.032	0.08	-0.43	.669
Education (Some College v. HS)	.424	1.103	128.183	.046	0.12	0.38	.701
Education (Bachelor's v. HS)	.456	1.091	145.988	.051	0.12	0.42	.677
Age	-.054	.033	139.404	-.144	0.09	-1.64	.104
Year of Death	.131	.237	118.789	.043	0.08	0.55	.583
Closeness	-1.639	.523	138.668	-.238	0.08	-3.13	.002
Previous exposure to traumatic events	1.160	.667	130.276	.128	0.07	1.74	.085
Previous exposure to other deaths	-1.457	1.068	119.903	-.097	0.07	-1.36	.175
Previous exposure to suicide deaths	-.023	.845	139.935	-.002	0.07	-0.03	.978
Cause of Death (Suicide vs. Accident)	2.485	.806	136.548	.249	0.08	3.08	.002

Table D-21
Stigma Predicted by Cause of Death and Postvention Satisfaction

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	18.930	4.125	142.832	.000	0.00	4.59	.000
Postvention Satisfaction	-.922	.459	143.485	-.141	0.07	-2.01	.046
Marital Status (Never Married v. Married)	1.026	3.056	137.503	.022	0.07	0.34	.737
Marital Status (Divorced, Separated, or Other v. Married)	1.252	.886	144.068	.116	0.08	1.41	.160
Gender (Men v. Women)	-1.036	.743	94.324	-.094	0.07	-1.40	.166
Ethnicity	-.899	1.028	140.498	-.061	0.07	-0.87	.384
Education (< HS v. HS)	.430	3.156	139.948	.009	0.07	0.14	.892
Education (Some College v. HS)	-.542	1.141	111.285	-.052	0.11	-0.48	.636

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Education (Bachelor's v. HS)	.837	1.136	138.332	.082	0.11	0.74	.462
Age	-.099	.034	129.977	-.232	0.08	-2.93	.004
Year of Death	.161	.246	131.633	.047	0.07	0.66	.512
Closeness	-.509	.544	128.097	-.064	0.07	-0.93	.352
Previous exposure to traumatic events	-.114	.671	123.395	-.011	0.07	-0.17	.866
Previous exposure to other deaths	-1.273	1.042	120.618	-.077	0.06	-1.22	.224
Previous exposure to suicide deaths	.635	.838	133.198	.050	0.07	0.76	.450
Cause of Death (Suicide vs. Accident)	5.688	.825	143.132	.507	0.07	6.89	.000

Table D-22
Complicated Grief Predicted by Cause of Death and Postvention Satisfaction

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	43.826	12.727	133.268	.000	0.00	3.44	.001
Postvention Satisfaction	-4.439	1.402	137.672	-.253	0.08	-3.17	.002
Marital Status (Never Married v. Married)	-11.564	13.334	134.968	-.064	0.07	-0.87	.387
Marital Status (Divorced, Separated, or Other v. Married)	2.137	2.926	134.597	.071	0.10	0.73	.466
Gender (Men v. Women)	-.841	2.516	124.853	-.027	0.08	-0.33	.739
Ethnicity	.679	3.206	135.990	.017	0.08	0.21	.833
Education (< HS v. HS)	23.152	9.973	134.411	.182	0.08	2.32	.022
Education (Some College v. HS)	.198	3.822	137.974	.007	0.13	0.05	.959
Education (Bachelor's v. HS)	-3.510	3.700	132.923	-.122	0.13	-0.95	.344
Age	-.017	.113	137.154	-.014	0.09	-0.15	.884
Year of Death	-2.530	.782	119.420	-.260	0.08	-3.24	.002
Closeness	2.389	1.741	135.580	.111	0.08	1.37	.172
Previous exposure to traumatic events	.484	2.231	131.131	.017	0.08	0.22	.829

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Previous exposure to other deaths	-4.950	3.333	128.710	-.110	0.07	-1.49	.140
Previous exposure to suicide deaths	4.994	2.918	131.629	.135	0.08	1.71	.089
Cause of Death (Suicide vs. Accident)	3.297	2.687	117.799	.102	0.08	1.23	.222

Table D-23
Posttraumatic Growth Predicted by Cause of Death and Postvention Satisfaction

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	7.562	12.008	144.253	.000	0.00	0.63	.530
Postvention Satisfaction	1.352	1.316	145.171	.086	0.08	1.03	.306
Marital Status (Never Married v. Married)	6.882	9.006	142.151	.061	0.08	0.76	.446
Marital Status (Divorced, Separated, or Other v. Married)	.420	2.549	145.994	.016	0.10	0.16	.869
Gender (Men v. Women)	-4.780	2.255	123.320	-.177	0.08	-2.12	.036
Ethnicity	5.495	2.872	145.221	.159	0.08	1.91	.058
Education (< HS v. HS)	7.894	9.238	142.956	.070	0.08	0.85	.394
Education (Some College v. HS)	4.391	3.318	137.149	.171	0.13	1.32	.188
Education (Bachelor's v. HS)	3.862	3.286	145.953	.155	0.13	1.18	.242
Age	-.124	.098	141.590	-.120	0.10	-1.26	.211
Year of Death	-.040	.726	132.344	-.005	0.09	-0.06	.956
Closeness	2.937	1.626	136.927	.151	0.08	1.81	.073
Previous exposure to traumatic events	-1.657	2.006	137.218	-.066	0.08	-0.83	.410
Previous exposure to other deaths	4.089	3.165	143.434	.101	0.08	1.29	.199
Previous exposure to suicide deaths	2.002	2.477	145.162	.065	0.08	0.81	.420
Cause of Death (Suicide vs. Accident)	1.686	2.451	140.951	.060	0.09	0.69	.493

Table D-24
Resilience Predicted by Cause of Death and Postvention Satisfaction

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	3.264	.730	143.091	.000	0.00	4.47	.000
Postvention Satisfaction	.219	.082	150.473	.211	0.08	2.66	.009
Marital Status (Never Married v. Married)	.004	.579	143.053	.000	0.08	0.01	.995
Marital Status (Divorced, Separated, or Other v. Married)	.157	.162	150.505	.088	0.09	0.97	.334
Gender (Men v. Women)	.498	.138	97.834	.276	0.08	3.61	.000
Ethnicity	.523	.179	149.929	.226	0.08	2.93	.004
Education (< HS v. HS)	-.422	.594	145.185	-.055	0.08	-0.71	.479
Education (Some College v. HS)	.137	.209	121.339	.079	0.12	0.66	.512
Education (Bachelor's v. HS)	.044	.208	145.307	.026	0.12	0.21	.833
Age	-.010	.006	131.189	-.146	0.09	-1.64	.102
Year of Death	.040	.046	140.132	.071	0.08	0.88	.379
Closeness	-.194	.099	133.076	-.153	0.08	-1.97	.051
Previous exposure to traumatic events	.058	.125	128.987	.034	0.07	0.46	.646
Previous exposure to other deaths	.176	.193	129.685	.065	0.07	0.91	.363
Previous exposure to suicide deaths	-.184	.157	141.118	-.088	0.08	-1.17	.245
Cause of Death (Suicide vs. Accident)	-.104	.154	147.796	-.056	0.08	-0.67	.501

Table D-25
Flourishing Predicted by Cause of Death and Postvention Satisfaction

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	33.134	7.071	147.998	.000	0.00	4.69	.000
Postvention Satisfaction	3.076	.789	146.672	.308	0.08	3.90	.000
Marital Status (Never Married v. Married)	-2.407	5.460	143.071	-.033	0.07	-0.44	.660

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Marital Status (Divorced, Separated, or Other v. Married)	-2.257	1.565	147.584	-.132	0.09	-1.44	.151
Gender (Men v. Women)	3.331	1.369	121.677	.193	0.08	2.43	.016
Ethnicity	4.009	1.719	147.698	.182	0.08	2.33	.021
Education (< HS v. HS)	-3.220	5.603	143.040	-.044	0.08	-0.57	.566
Education (Some College v. HS)	.456	2.039	144.593	.027	0.12	0.22	.823
Education (Bachelor's v. HS)	.724	1.992	143.964	.045	0.12	0.36	.717
Age	-.122	.060	147.061	-.183	0.09	-2.03	.044
Year of Death	.982	.430	117.267	.180	0.08	2.28	.024
Closeness	.290	.958	144.810	.024	0.08	0.30	.762
Previous exposure to traumatic events	-.638	1.225	139.542	-.039	0.08	-0.52	.603
Previous exposure to other deaths	.559	1.927	136.767	.021	0.07	0.29	.772
Previous exposure to suicide deaths	-.207	1.537	143.885	-.010	0.08	-0.13	.893
Cause of Death (Suicide vs. Accident)	-1.324	1.462	132.388	-.074	0.08	-0.91	.367

POSTVENTION MODELS

Table D-26
First Responder Satisfaction Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	5.933	1.774	.000	.000	27.00	3.34	.002
Marital Status (Never Married v. Married)	.080	.901	.014	.156	27.00	0.09	.930
Marital Status (Divorced, Separated, or Other v. Married)	-.447	.491	-.179	.196	27.00	-0.91	.371
Gender (Men v. Women)	.406	.405	.165	.164	27.00	1.00	.325
Ethnicity	-.801	.591	-.212	.156	27.00	-1.36	.186

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Education (< HS v. HS)	.595	1.200	.074	.149	27.00	0.50	.624
Education (Some College v. HS)	-1.089	.616	-.401	.227	27.00	-1.77	.088
Education (Bachelor's v. HS)	-.653	.552	-.265	.224	27.00	-1.18	.247
Age	-.039	.023	-.358	.205	27.00	-1.75	.092
Year of Death	-.199	.121	-.234	.142	27.00	-1.65	.110
Closeness	.350	.357	.198	.202	27.00	0.98	.336
Previous exposure to traumatic events	-.952	.387	-.386	.157	27.00	-2.46	.021
Previous exposure to other deaths	.090	.664	.022	.159	27.00	0.14	.893
Previous exposure to suicide deaths	.913	.449	.336	.165	27.00	2.04	.052
Cause of Death (Suicide vs. Accident)	.786	.442	.296	.167	27.00	1.78	.087

Table D-27
Casualty Assistance Officer Satisfaction Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	2.764	.945	.000	.000	87.49	2.93	.004
Marital Status (Never Married v. Married)	.344	.830	.033	.080	138.52	0.41	.679
Marital Status (Divorced, Separated, or Other v. Married)	-.223	.226	-.092	.093	131.42	-0.99	.325
Gender (Men v. Women)	.207	.180	.082	.071	66.42	1.15	.254
Ethnicity	-.103	.250	-.032	.079	123.75	-0.41	.682
Education (< HS v. HS)	.911	.847	.088	.081	140.66	1.08	.284
Education (Some College v. HS)	.043	.281	.018	.119	81.28	0.15	.879
Education (Bachelor's v. HS)	.368	.295	.159	.127	121.64	1.25	.214
Age	.009	.009	.092	.090	107.30	1.03	.305
Year of Death	.046	.066	.058	.083	144.92	0.70	.488
Closeness	.124	.140	.069	.078	89.45	0.89	.378

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Previous exposure to traumatic events	-.274	.179	-.118	.077	108.88	-1.54	.127
Previous exposure to other deaths	.336	.263	.089	.070	83.50	1.28	.206
Previous exposure to suicide deaths	.052	.216	.018	.075	92.98	0.24	.811
Cause of Death (Suicide vs. Accident)	-.420	.219	-.165	.086	141.83	-1.91	.058

Table D-28
Leadership Satisfaction Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	3.952	1.084	.000	.000	117.00	3.65	.000
Marital Status (Never Married v. Married)	.681	.829	.075	.091	117.00	0.82	.413
Marital Status (Divorced, Separated, or Other v. Married)	-.399	.262	-.170	.111	117.00	-1.52	.131
Gender (Men v. Women)	.312	.227	.132	.096	117.00	1.37	.172
Ethnicity	.161	.290	.054	.097	117.00	0.55	.581
Education (< HS v. HS)	.669	.856	.073	.094	117.00	0.78	.436
Education (Some College v. HS)	-.508	.367	-.216	.156	117.00	-1.39	.169
Education (Bachelor's v. HS)	-.475	.350	-.213	.157	117.00	-1.36	.177
Age	.012	.011	.124	.107	117.00	1.16	.249
Year of Death	.008	.069	.011	.094	117.00	0.12	.906
Closeness	.036	.164	.022	.099	117.00	0.22	.825
Previous exposure to traumatic events	.133	.213	.059	.095	117.00	0.63	.533
Previous exposure to other deaths	-.141	.320	-.040	.091	117.00	-0.44	.661
Previous exposure to suicide deaths	.024	.258	.009	.095	117.00	0.09	.925
Cause of Death (Suicide vs. Accident)	-.134	.247	-.053	.098	117.00	-0.54	.587

Table D-29:
Death Investigation Satisfaction Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	3.975	.678	.000	.000	151.00	5.87	.000
Marital Status (Never Married v. Married)	.309	.564	.043	.079	151.00	0.55	.584
Marital Status (Divorced, Separated, or Other v. Married)	-.290	.158	-.176	.096	151.00	-1.84	.068
Gender (Men v. Women)	.180	.141	.107	.084	151.00	1.27	.205
Ethnicity	.175	.180	.082	.084	151.00	0.98	.331
Education (< HS v. HS)	.612	.578	.086	.081	151.00	1.06	.291
Education (Some College v. HS)	-.266	.210	-.167	.131	151.00	-1.27	.206
Education (Bachelor's v. HS)	-.030	.205	-.019	.132	151.00	-0.14	.886
Age	.008	.006	.117	.095	151.00	1.24	.218
Year of Death	-.001	.044	-.002	.082	151.00	-0.02	.982
Closeness	.078	.099	.067	.086	151.00	0.78	.435
Previous exposure to traumatic events	.143	.127	.092	.081	151.00	1.13	.262
Previous exposure to other deaths	-.074	.208	-.028	.079	151.00	-0.35	.724
Previous exposure to suicide deaths	-.120	.158	-.062	.081	151.00	-0.76	.448
Cause of Death (Suicide vs. Accident)	-.262	.149	-.152	.086	151.00	-1.75	.081

Table D-30
Funeral/Memorial Service Satisfaction Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	3.044	1.426	.000	.000	109.73	2.14	.035
Marital Status (Never Married v. Married)	1.084	.996	.097	.089	109.36	1.09	.279
Marital Status (Divorced, Separated, or Other v. Married)	-.229	.324	-.079	.111	111.69	-0.71	.481
Gender (Men v. Women)	.730	.276	.241	.091	96.31	2.64	.010

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Ethnicity	.105	.363	.028	.097	112.06	0.29	.772
Education (< HS v. HS)	.499	1.426	.032	.091	110.88	0.35	.727
Education (Some College v. HS)	-.654	.468	-.234	.168	107.96	-1.40	.165
Education (Bachelor's v. HS)	-.198	.468	-.072	.169	111.96	-0.42	.673
Age	.005	.013	.040	.108	112.73	0.37	.713
Year of Death	.011	.087	.012	.093	104.09	0.13	.897
Closeness	.049	.207	.023	.096	112.51	0.24	.814
Previous exposure to traumatic events	-.083	.263	-.030	.094	111.97	-0.32	.752
Previous exposure to other deaths	.104	.386	.024	.087	106.46	0.27	.788
Previous exposure to suicide deaths	-.213	.315	-.063	.093	109.02	-0.68	.500
Cause of Death (Suicide vs. Accident)	-.676	.296	-.223	.098	100.89	-2.29	.024

Table D-31
Follow-on Services Satisfaction Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	3.098	1.088	.000	.000	107.65	2.85	.005
Marital Status (Never Married v. Married)	.967	.699	.136	.098	107.45	1.38	.169
Marital Status (Divorced, Separated, or Other v. Married)	.012	.232	.006	.124	107.75	0.05	.959
Gender (Men v. Women)	.089	.201	.045	.101	103.69	0.44	.659
Ethnicity	-.124	.256	-.051	.104	107.62	-0.48	.629
Education (< HS v. HS)	1.183	.992	.118	.099	107.53	1.19	.236
Education (Some College v. HS)	.501	.319	.270	.172	107.11	1.57	.119
Education (Bachelor's v. HS)	.347	.314	.192	.174	107.99	1.11	.271
Age	.003	.009	.046	.118	107.97	0.39	.696
Year of Death	.042	.066	.067	.105	104.29	0.64	.522

APPENDIX D

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Closeness	.056	.178	.034	.109	107.92	0.31	.755
Previous exposure to traumatic events	.076	.182	.042	.101	107.48	0.42	.676
Previous exposure to other deaths	-.083	.273	-.029	.096	105.04	-0.30	.762
Previous exposure to suicide deaths	-.020	.220	-.009	.101	106.91	-0.09	.929
Cause of Death (Suicide vs. Accident)	.174	.214	.090	.110	96.36	0.82	.417

APPENDIX E:

FULL MODEL RESULTS FOR FELLOW UNIT MEMBER SAMPLE

MODEL 1 RESULTS

Table E-1
Depression Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	-.398	.951	.000	.000	1695.970	-0.419	.675
Marital Status (Never Married v. Married)	.238	.352	.016	.024	1784.422	0.677	.499
Marital Status (Divorced, Separated, or Other v. Married)	1.309	.358	.084	.023	1788.626	3.654	.000
Gender (Men v. Women)	.101	.343	.007	.024	1769.771	0.294	.769
Ethnicity	.808	.230	.081	.023	1785.682	3.515	.000
Education (< HS v. HS)	.879	1.161	.017	.023	1796.978	0.757	.449
Education (Some College v. HS)	-.717	.347	-.073	.035	1795.222	-2.065	.039
Education (Bachelor's v. HS)	-1.237	.396	-.114	.036	1736.054	-3.127	.002
Age	.043	.018	.058	.025	1673.670	2.346	.019
Year of Death	-.017	.077	-.005	.023	896.196	-0.225	.822
Closeness	.320	.093	.078	.023	1793.392	3.420	.001
Previous exposure to traumatic events	1.804	.227	.184	.023	1792.385	7.963	.000
Previous exposure to other deaths	.482	.495	.022	.023	1784.424	0.975	.330
Previous exposure to suicide deaths	.825	.227	.085	.023	1796.677	3.642	.000
Cause of Death (Suicide vs. Accident)	-.124	.226	-.013	.023	849.663	-0.550	.582
Service (Air Force vs. Army)	-1.218	.278	-.113	.026	693.837	-4.388	.000
Service (Marines v. Army)	-.839	.394	-.052	.024	1071.650	-2.130	.033
Service (Navy v. Army)	-.707	.350	-.049	.024	953.587	-2.022	.043

Table E-2
PTSD Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	-2.749	2.404	.000	.000	1603.801	-1.143	.253
Marital Status (Never Married v. Married)	-.409	.883	-.011	.024	1674.677	-0.463	.643
Marital Status (Divorced, Separated, or Other v. Married)	2.259	.892	.060	.024	1684.255	2.532	.011
Gender (Men v. Women)	.572	.861	.016	.024	1653.059	0.664	.507
Ethnicity	2.629	.581	.107	.024	1669.560	4.526	.000
Education (< HS v. HS)	.252	3.014	.002	.024	1684.481	0.083	.934
Education (Some College v. HS)	-.736	.914	-.030	.038	1685.807	-0.805	.421
Education (Bachelor's v. HS)	-1.667	1.029	-.063	.039	1637.185	-1.620	.105
Age	.058	.046	.032	.026	1577.048	1.260	.208
Year of Death	.079	.194	.010	.024	832.448	0.406	.685
Closeness	1.031	.237	.103	.024	1677.736	4.358	.000
Previous exposure to traumatic events	4.723	.572	.199	.024	1680.535	8.259	.000
Previous exposure to other deaths	-.001	1.256	.000	.024	1669.108	-0.001	1.000
Previous exposure to suicide deaths	2.154	.567	.091	.024	1685.988	3.798	.000
Cause of Death (Suicide vs. Accident)	.193	.569	.008	.024	799.334	0.339	.734
Service (Air Force vs. Army)	-2.383	.701	-.091	.027	667.241	-3.397	.001
Service (Marines v. Army)	-1.637	.991	-.042	.025	1096.305	-1.652	.099
Service (Navy v. Army)	-1.941	.884	-.056	.025	859.547	-2.196	.028

Table E-3
Shame Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	3.690	.708	.000	.000	1741.000	5.211	.000
Marital Status (Never Married v. Married)	.247	.263	.022	.024	1741.000	0.941	.347
Marital Status (Divorced, Separated, or Other v. Married)	.047	.266	.004	.023	1741.000	0.175	.861
Gender (Men v. Women)	-.110	.254	-.010	.024	1741.000	-0.432	.666
Ethnicity	.628	.173	.084	.023	1741.000	3.635	.000
Education (< HS v. HS)	.834	.908	.021	.023	1741.000	0.919	.358
Education (Some College v. HS)	.044	.275	.006	.038	1741.000	0.160	.873
Education (Bachelor's v. HS)	.295	.307	.037	.039	1741.000	0.960	.337
Age	-.018	.013	-.034	.025	1741.000	-1.360	.174
Year of Death	.115	.055	.047	.023	1741.000	2.073	.038
Closeness	.804	.068	.270	.023	1741.000	11.766	.000
Previous exposure to traumatic events	.862	.170	.120	.024	1741.000	5.080	.000
Previous exposure to other deaths	.571	.377	.035	.023	1741.000	1.516	.130
Previous exposure to suicide deaths	.350	.168	.049	.023	1741.000	2.081	.038
Cause of Death (Suicide vs. Accident)	.384	.163	.054	.023	1741.000	2.349	.019
Service (Air Force vs. Army)	-.328	.199	-.041	.025	1741.000	-1.648	.099
Service (Marines v. Army)	-.158	.286	-.013	.024	1741.000	-0.552	.581
Service (Navy v. Army)	.057	.256	.005	.024	1741.000	0.223	.823

Table E-4
Stigma Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	4.077	.475	.000	.000	1609.051	8.581	.000
Marital Status (Never Married v. Married)	-.030	.179	-.004	.024	1714.983	-0.168	.866
Marital Status (Divorced, Separated, or Other v. Married)	.258	.180	.034	.023	1714.299	1.438	.151
Gender (Men v. Women)	-.181	.172	-.025	.024	1642.116	-1.049	.294
Ethnicity	.161	.116	.032	.023	1714.093	1.383	.167
Education (< HS v. HS)	.680	.624	.025	.023	1714.819	1.090	.276
Education (Some College v. HS)	.109	.185	.022	.038	1707.761	0.589	.556
Education (Bachelor's v. HS)	.250	.207	.047	.039	1628.720	1.209	.227
Age	-.001	.009	-.003	.025	1581.365	-0.116	.908
Year of Death	-.018	.038	-.011	.023	842.212	-0.489	.625
Closeness	.521	.047	.255	.023	1697.455	11.047	.000
Previous exposure to traumatic events	.466	.114	.097	.024	1714.993	4.093	.000
Previous exposure to other deaths	.239	.252	.022	.023	1713.721	0.946	.344
Previous exposure to suicide deaths	.417	.113	.087	.024	1710.007	3.687	.000
Cause of Death (Suicide vs. Accident)	.660	.111	.138	.023	836.433	5.971	.000
Service (Air Force vs. Army)	-.229	.135	-.044	.026	673.765	-1.704	.089
Service (Marines v. Army)	-.192	.191	-.025	.024	1095.595	-1.005	.315
Service (Navy v. Army)	.100	.174	.014	.024	935.514	0.575	.566

Table E-5
Complicated Grief Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	-3.006	1.397	.000	.000	1740.000	-2.152	.032
Marital Status (Never Married v. Married)	.040	.523	.002	.024	1740.000	0.077	.939
Marital Status (Divorced, Separated, or Other v. Married)	1.084	.533	.047	.023	1740.000	2.032	.042
Gender (Men v. Women)	-.270	.507	-.013	.023	1740.000	-0.533	.594
Ethnicity	1.452	.343	.097	.023	1740.000	4.232	.000
Education (< HS v. HS)	-.195	1.806	-.002	.023	1740.000	-0.108	.914
Education (Some College v. HS)	-.673	.530	-.046	.036	1740.000	-1.270	.204
Education (Bachelor's v. HS)	-.717	.595	-.045	.037	1740.000	-1.204	.229
Age	.029	.027	.026	.025	1740.000	1.063	.288
Year of Death	-.002	.111	.000	.023	1740.000	-0.015	.988
Closeness	1.881	.141	.304	.023	1740.000	13.342	.000
Previous exposure to traumatic events	.752	.338	.052	.023	1740.000	2.227	.026
Previous exposure to other deaths	1.212	.738	.038	.023	1740.000	1.642	.101
Previous exposure to suicide deaths	1.081	.337	.075	.023	1740.000	3.209	.001
Cause of Death (Suicide vs. Accident)	.131	.326	.009	.023	1740.000	0.402	.688
Service (Air Force vs. Army)	-1.014	.398	-.063	.025	1740.000	-2.549	.011
Service (Marines v. Army)	-.797	.574	-.033	.024	1740.000	-1.388	.165
Service (Navy v. Army)	-.649	.509	-.030	.024	1740.000	-1.274	.203

Table E-6
Posttraumatic Growth Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	-2.740	2.456	.000	.000	1619.941	-1.115	.265
Marital Status (Never Married v. Married)	.081	.921	.002	.024	1692.891	0.088	.930
Marital Status (Divorced, Separated, or Other v. Married)	-1.015	.911	-.026	.023	1696.992	-1.114	.265
Gender (Men v. Women)	-1.364	.892	-.037	.024	1643.523	-1.529	.126
Ethnicity	4.990	.595	.196	.023	1694.915	8.384	.000
Education (< HS v. HS)	-5.255	3.087	-.040	.023	1696.705	-1.702	.089
Education (Some College v. HS)	-1.781	.950	-.071	.038	1693.199	-1.874	.061
Education (Bachelor's v. HS)	-.509	1.062	-.019	.039	1621.977	-0.479	.632
Age	.010	.046	.005	.025	1597.835	0.212	.832
Year of Death	.433	.194	.052	.023	940.608	2.237	.026
Closeness	2.795	.234	.277	.023	1681.279	11.959	.000
Previous exposure to traumatic events	.158	.583	.006	.024	1696.339	0.272	.786
Previous exposure to other deaths	3.578	1.316	.064	.023	1695.594	2.719	.007
Previous exposure to suicide deaths	.833	.577	.034	.024	1695.079	1.444	.149
Cause of Death (Suicide vs. Accident)	-.070	.568	-.003	.023	925.757	-0.123	.902
Service (Air Force vs. Army)	-.728	.693	-.027	.026	765.532	-1.050	.294
Service (Marines v. Army)	-.026	.983	-.001	.025	1174.571	-0.027	.979
Service (Navy v. Army)	-.080	.892	-.002	.025	1015.649	-0.090	.929

Table E-7
Resilience Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	3.521	.168	.000	.000	1672.827	20.936	.000
Marital Status (Never Married v. Married)	-.037	.062	-.015	.025	1742.346	-0.599	.549
Marital Status (Divorced, Separated, or Other v. Married)	-.150	.063	-.058	.024	1749.773	-2.393	.017
Gender (Men v. Women)	.160	.060	.066	.025	1711.729	2.646	.008
Ethnicity	-.205	.041	-.122	.024	1741.445	-5.053	.000
Education (< HS v. HS)	-.274	.208	-.032	.024	1750.331	-1.318	.188
Education (Some College v. HS)	.272	.066	.164	.040	1747.443	4.159	.000
Education (Bachelor's v. HS)	.252	.073	.141	.041	1685.052	3.442	.001
Age	.002	.003	.019	.026	1657.596	0.735	.462
Year of Death	.005	.013	.008	.024	950.235	0.340	.734
Closeness	-.011	.016	-.017	.024	1745.076	-0.702	.483
Previous exposure to traumatic events	-.095	.040	-.058	.024	1748.951	-2.387	.017
Previous exposure to other deaths	.094	.090	.025	.024	1741.892	1.039	.299
Previous exposure to suicide deaths	-.047	.040	-.029	.024	1750.845	-1.175	.240
Cause of Death (Suicide vs. Accident)	.040	.039	.025	.024	924.278	1.025	.305
Service (Air Force vs. Army)	-.042	.048	-.023	.027	767.197	-0.867	.386
Service (Marines v. Army)	.095	.068	.036	.026	1181.132	1.393	.164
Service (Navy v. Army)	.016	.062	.007	.026	1009.730	0.256	.798

Table E-8
Flourishing Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	43.921	2.064	.000	.000	1686.000	21.281	.000
Marital Status (Never Married v. Married)	-1.205	.773	-.039	.025	1686.000	-1.559	.119
Marital Status (Divorced, Separated, or Other v. Married)	-3.498	.768	-.113	.025	1686.000	-4.551	.000
Gender (Men v. Women)	-1.460	.745	-.049	.025	1686.000	-1.960	.050
Ethnicity	-.559	.505	-.027	.025	1686.000	-1.107	.268
Education (< HS v. HS)	-4.769	2.683	-.044	.025	1686.000	-1.777	.076
Education (Some College v. HS)	2.287	.818	.114	.041	1686.000	2.798	.005
Education (Bachelor's v. HS)	3.051	.908	.141	.042	1686.000	3.361	.001
Age	.011	.039	.007	.026	1686.000	0.272	.786
Year of Death	.430	.161	.065	.024	1686.000	2.673	.008
Closeness	.139	.197	.017	.024	1686.000	0.707	.480
Previous exposure to traumatic events	-1.632	.493	-.083	.025	1686.000	-3.314	.001
Previous exposure to other deaths	1.804	1.104	.040	.025	1686.000	1.635	.102
Previous exposure to suicide deaths	-1.557	.488	-.079	.025	1686.000	-3.190	.001
Cause of Death (Suicide vs. Accident)	.102	.473	.005	.024	1686.000	0.215	.830
Service (Air Force vs. Army)	.636	.578	.029	.027	1686.000	1.100	.271
Service (Marines v. Army)	-.096	.823	-.003	.026	1686.000	-0.117	.907
Service (Navy v. Army)	.717	.746	.024	.025	1686.000	0.960	.337

MODEL 2 RESULTS

Table E-9
Postvention Satisfaction Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	3.742	.193	.000	.000	1582.7	19.38	.000
Marital Status (Never Married v. Married)	.026	.071	.010	.026	1642.4	0.37	.708
Marital Status (Divorced, Separated, or Other v. Married)	-.154	.071	-.055	.025	1643.5	-2.17	.030
Gender (Men v. Women)	.090	.069	.034	.026	1613.8	1.30	.194
Ethnicity	.052	.046	.029	.025	1641.7	1.15	.249
Education (< HS v. HS)	.105	.235	.011	.025	1643.0	0.45	.656
Education (Some College v. HS)	.059	.070	.033	.039	1639.1	0.84	.401
Education (Bachelor's v. HS)	.129	.079	.066	.041	1587.3	1.62	.105
Age	.006	.004	.042	.027	1532.9	1.53	.126
Year of Death	-.013	.015	-.022	.025	919.3	-0.87	.382
Closeness	-.015	.018	-.021	.025	1633.9	-0.83	.409
Previous exposure to traumatic events	-.128	.045	-.072	.025	1643.9	-2.83	.005
Previous exposure to other deaths	.079	.104	.019	.025	1629.5	0.76	.445
Previous exposure to suicide deaths	-.033	.045	-.019	.026	1644.0	-0.74	.461
Cause of Death (Suicide vs. Accident)	-.122	.044	-.069	.025	866.4	-2.75	.006
Service (Air Force vs. Army)	.107	.055	.053	.027	727.6	1.95	.052
Service (Marines v. Army)	.025	.077	.009	.026	1048.8	0.33	.745
Service (Navy v. Army)	.032	.069	.012	.026	935.7	0.47	.641

MODEL 3 RESULTS

Table E-10
Depression Predicted by Postvention Satisfaction

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	1.976	1.126	.000	.000	1510.24	1.75	.080
Postvention Satisfaction	-.897	.131	-.162	.024	1550.49	-6.84	<.001
Marital Status (Never Married v. Married)	.397	.373	.027	.025	1538.54	1.06	.287
Marital Status (Divorced, Separated, or Other v. Married)	1.411	.377	.092	.024	1544.61	3.75	<.001
Gender (Men v. Women)	.395	.367	.027	.025	1535.36	1.08	.282
Ethnicity	.728	.241	.074	.024	1549.41	3.02	.003
Education (< HS v. HS)	.535	1.214	.011	.024	1551.57	0.44	.659
Education (Some College v. HS)	-.419	.373	-.043	.038	1552.57	-1.12	.262
Education (Bachelor's v. HS)	-.845	.423	-.079	.040	1516.61	-2.00	.046
Age	.054	.020	.073	.026	1471.78	2.74	.006
Year of Death	.010	.082	.003	.025	873.81	0.12	.904
Closeness	.382	.098	.094	.024	1551.81	3.91	<.001
Previous exposure to traumatic events	1.610	.239	.166	.025	1548.61	6.75	<.001
Previous exposure to other deaths	.538	.540	.024	.024	1525.16	1.00	.319
Previous exposure to suicide deaths	.687	.237	.071	.025	1553.97	2.90	.004
Service (Air Force vs. Army)	-1.276	.297	-.116	.027	687.00	-4.30	<.001
Service (Marines v. Army)	-.813	.412	-.051	.026	955.33	-1.97	.049

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Service (Navy v. Army)	-.653	.369	-.046	.026	871.28	-1.77	.077

Table E-11
PTSD Predicted by Postvention Satisfaction

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	1.849	2.875	.000	.000	1431.37	0.64	.520
Postvention Satisfaction	-1.740	.332	-.128	.024	1445.68	-5.25	<.001
Marital Status (Never Married v. Married)	-.142	.946	-.004	.026	1435.92	-0.15	.880
Marital Status (Divorced, Separated, or Other v. Married)	2.487	.940	.067	.025	1455.53	2.65	.008
Gender (Men v. Women)	.319	.925	.009	.026	1451.19	0.34	.730
Ethnicity	2.967	.617	.121	.025	1443.80	4.81	<.001
Education (< HS v. HS)	1.085	3.109	.009	.025	1455.74	0.35	.727
Education (Some College v. HS)	-.280	.996	-.012	.041	1463.24	-0.28	.778
Education (Bachelor's v. HS)	-1.144	1.116	-.044	.043	1430.02	-1.03	.305
Age	.104	.050	.057	.027	1390.24	2.07	.038
Year of Death	.112	.209	.014	.026	778.52	0.54	.592
Closeness	1.345	.251	.134	.025	1458.58	5.35	<.001
Previous exposure to traumatic events	4.158	.607	.174	.025	1447.55	6.85	<.001
Previous exposure to other deaths	-.123	1.381	-.002	.025	1406.35	-0.09	.929
Previous exposure to suicide deaths	1.964	.600	.083	.025	1460.28	3.27	.001
Service (Air Force vs. Army)	-2.248	.767	-.083	.028	622.74	-2.93	.004
Service (Marines v. Army)	-1.708	1.056	-.043	.027	934.07	-1.62	.106

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Service (Navy v. Army)	-1.889	.948	-.054	.027	746.00	-1.99	.047

Table E-12
Shame Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	6.020	.867	.000	.000	1515.00	6.95	.000
Postvention Satisfaction	-.621	.100	-.149	.024	1515.00	-6.18	<.001
Marital Status (Never Married v. Married)	.250	.289	.022	.025	1515.00	0.86	.388
Marital Status (Divorced, Separated, or Other v. Married)	.129	.290	.011	.025	1515.00	0.45	.656
Gender (Men v. Women)	-.063	.281	-.006	.025	1515.00	-0.22	.823
Ethnicity	.638	.188	.083	.025	1515.00	3.38	.001
Education (< HS v. HS)	1.010	.961	.026	.025	1515.00	1.05	.293
Education (Some College v. HS)	.025	.306	.003	.041	1515.00	0.08	.935
Education (Bachelor's v. HS)	.255	.340	.032	.042	1515.00	0.75	.453
Age	-.010	.015	-.018	.027	1515.00	-0.68	.494
Year of Death	.118	.061	.047	.024	1515.00	1.94	.052
Closeness	.821	.074	.270	.024	1515.00	11.06	.000
Previous exposure to traumatic events	.810	.186	.109	.025	1515.00	4.36	.000
Previous exposure to other deaths	.573	.428	.033	.025	1515.00	1.34	.180
Previous exposure to suicide deaths	.354	.183	.048	.025	1515.00	1.93	.053
Service (Air Force vs. Army)	-.224	.220	-.027	.026	1515.00	-1.02	.309
Service (Marines v. Army)	-.165	.309	-.014	.025	1515.00	-0.53	.593

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Service (Navy v. Army)	.131	.279	.012	.025	1515.00	0.47	.638

Table E-13
Stigma Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	6.250	.592	.000	.000	1428.20	10.56	.000
Postvention Satisfaction	-.568	.069	-.200	.024	1489.28	-8.26	<.001
Marital Status (Never Married v. Married)	.015	.198	.002	.026	1488.86	0.07	.942
Marital Status (Divorced, Separated, or Other v. Married)	.236	.197	.030	.025	1491.00	1.20	.232
Gender (Men v. Women)	-.165	.192	-.022	.025	1442.85	-0.86	.390
Ethnicity	.179	.128	.035	.025	1490.44	1.39	.164
Education (< HS v. HS)	.968	.670	.036	.025	1490.08	1.45	.148
Education (Some College v. HS)	.285	.209	.056	.041	1479.79	1.36	.173
Education (Bachelor's v. HS)	.433	.233	.080	.043	1417.22	1.86	.063
Age	.006	.010	.015	.027	1383.60	0.54	.590
Year of Death	-.017	.042	-.010	.025	805.55	-0.41	.684
Closeness	.512	.052	.242	.025	1479.49	9.84	.000
Previous exposure to traumatic events	.300	.126	.060	.025	1490.60	2.38	.017
Previous exposure to other deaths	.296	.289	.025	.025	1481.01	1.02	.306
Previous exposure to suicide deaths	.553	.125	.111	.025	1486.46	4.44	.000
Service (Air Force vs. Army)	-.125	.152	-.022	.027	638.84	-0.82	.411

Table E-14
Complicated Grief Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	-.284	1.753	.000	.000	1513.00	-0.16	.871
Postvention Satisfaction	-1.002	.209	-.115	.024	1513.00	-4.80	<.001
Marital Status (Never Married v. Married)	.239	.588	.010	.025	1513.00	0.41	.684
Marital Status (Divorced, Separated, or Other v. Married)	1.326	.591	.055	.025	1513.00	2.24	.025
Gender (Men v. Women)	.092	.569	.004	.025	1513.00	0.16	.872
Ethnicity	1.593	.380	.103	.025	1513.00	4.19	.000
Education (< HS v. HS)	.462	2.016	.006	.025	1513.00	0.23	.819
Education (Some College v. HS)	-.445	.601	-.029	.039	1513.00	-0.74	.459
Education (Bachelor's v. HS)	-.498	.672	-.030	.041	1513.00	-0.74	.459
Age	.051	.031	.044	.027	1513.00	1.66	.096
Year of Death	-.022	.124	-.004	.024	1513.00	-0.18	.856
Closeness	1.840	.151	.295	.024	1513.00	12.14	.000
Previous exposure to traumatic events	.660	.376	.043	.025	1513.00	1.76	.079
Previous exposure to other deaths	1.421	.853	.041	.025	1513.00	1.67	.096
Previous exposure to suicide deaths	1.249	.372	.083	.025	1513.00	3.35	.001
Service (Air Force vs. Army)	-.959	.447	-.056	.026	1513.00	-2.14	.032
Service (Marines v. Army)	-1.141	.635	-.045	.025	1513.00	-1.80	.073
Service (Navy v. Army)	-.644	.561	-.029	.025	1513.00	-1.15	.251

Table E-15
Posttraumatic Growth Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	-10.276	2.992	.000	.000	1429.80	-3.44	.001
Postvention Satisfaction	1.548	.343	.110	.024	1473.19	4.51	<.001
Marital Status (Never Married v. Married)	.072	1.011	.002	.026	1463.47	0.07	.943
Marital Status (Divorced, Separated, or Other v. Married)	-.913	.987	-.023	.025	1473.95	-0.93	.355
Gender (Men v. Women)	-1.400	.979	-.037	.026	1436.79	-1.43	.153
Ethnicity	5.055	.645	.196	.025	1473.31	7.84	.000
Education (< HS v. HS)	-4.874	3.251	-.038	.025	1472.58	-1.50	.134
Education (Some College v. HS)	-1.596	1.047	-.063	.041	1467.31	-1.52	.128
Education (Bachelor's v. HS)	-.224	1.168	-.008	.043	1401.85	-0.19	.848
Age	.001	.052	.000	.027	1382.66	0.01	.991
Year of Death	.520	.213	.061	.025	835.70	2.44	.015
Closeness	2.857	.253	.280	.025	1462.48	11.30	.000
Previous exposure to traumatic events	.137	.634	.005	.025	1471.15	0.22	.829
Previous exposure to other deaths	4.593	1.482	.078	.025	1464.79	3.10	.002
Previous exposure to suicide deaths	.851	.625	.034	.025	1472.82	1.36	.174
Service (Air Force vs. Army)	-.441	.769	-.016	.027	665.01	-0.57	.567
Service (Marines v. Army)	-.013	1.061	.000	.026	968.63	-0.01	.990
Service (Navy v. Army)	.572	.971	.015	.026	826.59	0.59	.556

Table E-16
Resilience Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	2.903	.199	.000	.000	1476.14	14.61	.000
Postvention Satisfaction	.160	.023	.173	.025	1523.98	6.95	<.001
Marital Status (Never Married v. Married)	-.043	.067	-.017	.026	1517.56	-0.64	.523
Marital Status (Divorced, Separated, or Other v. Married)	-.099	.066	-.038	.026	1523.69	-1.50	.135
Gender (Men v. Women)	.136	.065	.056	.026	1485.08	2.11	.035
Ethnicity	-.220	.043	-.131	.026	1520.16	-5.11	.000
Education (< HS v. HS)	-.171	.220	-.020	.026	1521.81	-0.78	.437
Education (Some College v. HS)	.264	.071	.160	.043	1515.24	3.74	.000
Education (Bachelor's v. HS)	.210	.079	.118	.044	1454.75	2.67	.008
Age	.002	.003	.017	.028	1440.66	0.61	.543
Year of Death	.008	.014	.014	.026	873.02	0.55	.582
Closeness	-.015	.017	-.022	.025	1516.61	-0.87	.382
Previous exposure to traumatic events	-.089	.042	-.054	.026	1522.96	-2.11	.035
Previous exposure to other deaths	.142	.098	.037	.026	1509.99	1.45	.148
Previous exposure to suicide deaths	-.042	.042	-.026	.026	1523.04	-1.01	.313
Service (Air Force vs. Army)	-.068	.052	-.037	.028	701.33	-1.32	.187
Service (Marines v. Army)	.047	.071	.017	.027	1018.46	0.65	.513
Service (Navy v. Army)	.012	.065	.005	.027	869.96	0.18	.854

Table E-17
Flourishing Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	31.535	2.351	.000	.000	1417.19	13.41	.000
Postvention Satisfaction	3.103	.273	.280	.025	1469.96	11.35	<.001
Marital Status (Never Married v. Married)	-1.057	.797	-.035	.026	1469.73	-1.33	.185
Marital Status (Divorced, Separated, or Other v. Married)	-2.922	.784	-.095	.026	1472.00	-3.73	.000
Gender (Men v. Women)	-1.708	.768	-.058	.026	1411.16	-2.22	.026
Ethnicity	-.699	.513	-.035	.025	1471.73	-1.36	.173
Education (< HS v. HS)	-4.009	2.766	-.037	.025	1471.57	-1.45	.147
Education (Some College v. HS)	1.624	.846	.082	.043	1462.05	1.92	.055
Education (Bachelor's v. HS)	1.895	.938	.089	.044	1401.66	2.02	.044
Age	.027	.041	.018	.027	1381.07	0.66	.508
Year of Death	.500	.166	.076	.025	838.46	3.01	.003
Closeness	.019	.200	.002	.025	1460.58	0.09	.925
Previous exposure to traumatic events	-1.383	.503	-.070	.026	1471.92	-2.75	.006
Previous exposure to other deaths	2.047	1.162	.045	.025	1465.03	1.76	.078
Previous exposure to suicide deaths	-1.284	.496	-.066	.026	1464.34	-2.59	.010
Service (Air Force vs. Army)	.578	.604	.026	.028	683.04	0.96	.338
Service (Marines v. Army)	-.082	.838	-.003	.026	1014.29	-0.10	.922
Service (Navy v. Army)	.645	.764	.022	.026	858.21	0.84	.399
Service (Marines v. Army)	-.358	.210	-.044	.026	951.98	-1.71	.088
Service (Navy v. Army)	.126	.193	.017	.026	837.37	0.65	.514

MODEL 4 RESULTS

Table E-18
Depression Predicted by Cause of Death and Postvention Satisfaction

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	2.108	1.140	.000	.000	1509.72	1.85	.065
Postvention Satisfaction	-.904	.132	-.164	.024	1549.47	-6.87	.000
Marital Status (Never Married v. Married)	.384	.374	.026	.025	1536.72	1.03	.305
Marital Status (Divorced, Separated, or Other v. Married)	1.416	.377	.092	.024	1544.12	3.76	.000
Gender (Men v. Women)	.377	.367	.026	.025	1537.08	1.03	.305
Ethnicity	.726	.241	.073	.024	1548.43	3.01	.003
Education (< HS v. HS)	.535	1.214	.011	.024	1550.50	.44	.660
Education (Some College v. HS)	-.422	.373	-.043	.038	1551.48	-1.13	.258
Education (Bachelor's v. HS)	-.852	.423	-.080	.040	1515.46	-2.01	.044
Age	.054	.020	.073	.026	1470.00	2.74	.006
Year of Death	.010	.082	.003	.025	872.35	.13	.899
Closeness	.380	.098	.094	.024	1550.88	3.90	.000
Previous exposure to traumatic events	1.599	.239	.164	.025	1547.00	6.69	.000
Previous exposure to other deaths	.539	.540	.024	.024	1524.41	1.00	.318
Previous exposure to suicide deaths	.704	.238	.073	.025	1552.66	2.96	.003
Cause of Death (Suicide vs. Accident)	-.181	.238	-.019	.025	814.32	-.76	.448
Service (Air Force vs. Army)	-1.268	.297	-.116	.027	687.02	-4.27	.000

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Service (Marines v. Army)	-.832	.413	-.052	.026	954.05	-2.02	.044
Service (Navy v. Army)	-.657	.369	-.046	.026	869.76	-1.78	.075

Table E-19
PTSD Predicted by Cause of Death and Postvention Satisfaction

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	1.905	2.908	.000	.000	1428.18	.66	.512
Postvention Satisfaction	-1.742	.332	-.129	.025	1445.63	-5.24	.000
Marital Status (Never Married v. Married)	-.147	.947	-.004	.026	1434.12	-.15	.877
Marital Status (Divorced, Separated, or Other v. Married)	2.488	.940	.067	.025	1454.67	2.65	.008
Gender (Men v. Women)	.311	.926	.009	.026	1452.25	.34	.737
Ethnicity	2.967	.617	.121	.025	1442.71	4.81	.000
Education (< HS v. HS)	1.084	3.110	.009	.025	1454.58	.35	.727
Education (Some College v. HS)	-.282	.996	-.012	.041	1462.22	-.28	.777
Education (Bachelor's v. HS)	-1.146	1.116	-.044	.043	1429.10	-1.03	.305
Age	.104	.050	.057	.027	1389.47	2.07	.038
Year of Death	.112	.209	.014	.026	779.43	.54	.593
Closeness	1.344	.251	.134	.025	1457.85	5.35	.000
Previous exposure to traumatic events	4.153	.608	.174	.025	1446.13	6.83	.000
Previous exposure to other deaths	-.122	1.381	-.002	.025	1405.04	-.09	.930
Previous exposure to suicide deaths	1.970	.602	.083	.025	1455.95	3.27	.001
Cause of Death (Suicide vs. Accident)	-.082	.612	-.003	.026	726.75	-.13	.894

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Service (Air Force vs. Army)	-2.243	.769	-.083	.029	625.06	-2.92	.004
Service (Marines v. Army)	-1.715	1.058	-.043	.027	932.50	-1.62	.105
Service (Navy v. Army)	-1.892	.949	-.054	.027	746.34	-1.99	.047

Table E-20
Shame Predicted by Cause of Death and Postvention Satisfaction

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	5.691	.875	.000	.000	1514.00	6.50	.000
Postvention Satisfaction	-.604	.100	-.145	.024	1514.00	-6.01	.000
Marital Status (Never Married v. Married)	.281	.289	.025	.025	1514.00	.97	.331
Marital Status (Divorced, Separated, or Other v. Married)	.115	.289	.010	.025	1514.00	.40	.691
Gender (Men v. Women)	-.024	.280	-.002	.025	1514.00	-.09	.931
Ethnicity	.647	.188	.085	.025	1514.00	3.44	.001
Education (< HS v. HS)	1.030	.960	.027	.025	1514.00	1.07	.283
Education (Some College v. HS)	.030	.305	.004	.041	1514.00	.10	.922
Education (Bachelor's v. HS)	.261	.339	.032	.042	1514.00	.77	.441
Age	-.010	.015	-.018	.027	1514.00	-.68	.499
Year of Death	.116	.061	.046	.024	1514.00	1.90	.058
Closeness	.825	.074	.271	.024	1514.00	11.12	.000
Previous exposure to traumatic events	.842	.186	.113	.025	1514.00	4.53	.000
Previous exposure to other deaths	.573	.427	.033	.025	1514.00	1.34	.180
Previous exposure to suicide deaths	.307	.183	.042	.025	1514.00	1.67	.094

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Cause of Death (Suicide vs. Accident)	.453	.178	.061	.024	1514.00	2.54	.011
Service (Air Force vs. Army)	-.249	.220	-.030	.026	1514.00	-1.13	.258
Service (Marines v. Army)	-.113	.310	-.009	.025	1514.00	-.37	.714
Service (Navy v. Army)	.143	.278	.013	.025	1514.00	.51	.607

Table E-21
Stigma Predicted by Cause of Death and Postvention Satisfaction

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	5.748	.591	.000	.000	1409.91	9.72	.000
Postvention Satisfaction	-.544	.068	-.192	.024	1482.94	-7.98	.000
Marital Status (Never Married v. Married)	.044	.196	.006	.025	1489.79	.22	.823
Marital Status (Divorced, Separated, or Other v. Married)	.223	.195	.028	.025	1489.13	1.14	.253
Gender (Men v. Women)	-.100	.190	-.013	.025	1421.49	-.53	.598
Ethnicity	.195	.127	.038	.025	1489.82	1.53	.126
Education (< HS v. HS)	.956	.663	.036	.025	1489.82	1.44	.150
Education (Some College v. HS)	.286	.207	.056	.041	1474.37	1.38	.167
Education (Bachelor's v. HS)	.445	.230	.082	.042	1395.86	1.94	.053
Age	.006	.010	.015	.027	1358.42	.57	.572
Year of Death	-.020	.041	-.012	.024	763.15	-.48	.629
Closeness	.521	.051	.246	.024	1467.99	10.12	.000
Previous exposure to traumatic events	.337	.125	.067	.025	1489.57	2.70	.007
Previous exposure to other deaths	.295	.286	.025	.025	1486.17	1.03	.304

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Previous exposure to suicide deaths	.488	.124	.098	.025	1483.10	3.94	.000
Cause of Death (Suicide vs. Accident)	.678	.120	.136	.024	738.26	5.65	.000
Service (Air Force vs. Army)	-.161	.148	-.029	.026	598.83	-1.08	.279
Service (Marines v. Army)	-.275	.206	-.034	.025	926.46	-1.34	.182
Service (Navy v. Army)	.136	.189	.018	.025	800.34	.72	.472

Table E-22
Complicated Grief Predicted by Cause of Death and Postvention Satisfaction

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	-.392	1.772	.000	.000	1512.00	-.22	.825
Postvention Satisfaction	-.997	.209	-.115	.024	1512.00	-4.77	.000
Marital Status (Never Married v. Married)	.249	.588	.011	.025	1512.00	.42	.672
Marital Status (Divorced, Separated, or Other v. Married)	1.321	.592	.055	.025	1512.00	2.23	.026
Gender (Men v. Women)	.105	.570	.005	.025	1512.00	.18	.854
Ethnicity	1.595	.380	.103	.025	1512.00	4.19	.000
Education (< HS v. HS)	.475	2.017	.006	.025	1512.00	.24	.814
Education (Some College v. HS)	-.443	.601	-.029	.039	1512.00	-.74	.461
Education (Bachelor's v. HS)	-.492	.673	-.030	.041	1512.00	-.73	.465
Age	.051	.031	.044	.027	1512.00	1.66	.096
Year of Death	-.023	.124	-.005	.024	1512.00	-.19	.850
Closeness	1.841	.152	.295	.024	1512.00	12.15	.000
Previous exposure to traumatic events	.669	.376	.044	.025	1512.00	1.78	.076

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Previous exposure to other deaths	1.422	.853	.041	.025	1512.00	1.67	.096
Previous exposure to suicide deaths	1.233	.374	.082	.025	1512.00	3.30	.001
Cause of Death (Suicide vs. Accident)	.152	.362	.010	.024	1512.00	.42	.675
Service (Air Force vs. Army)	-.967	.448	-.057	.026	1512.00	-2.16	.031
Service (Marines v. Army)	-1.125	.636	-.045	.025	1512.00	-1.77	.077
Service (Navy v. Army)	-.641	.561	-.029	.025	1512.00	-1.14	.254

Table E-23
Posttraumatic Growth Predicted by Cause of Death and Postvention Satisfaction

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	-10.396	3.024	.000	.000	1429.73	-3.44	.001
Postvention Satisfaction	1.554	.344	.111	.024	1472.19	4.52	.000
Marital Status (Never Married v. Married)	.083	1.012	.002	.026	1462.19	.08	.935
Marital Status (Divorced, Separated, or Other v. Married)	-.918	.987	-.023	.025	1472.95	-.93	.352
Gender (Men v. Women)	-1.390	.981	-.036	.026	1438.06	-1.42	.157
Ethnicity	5.060	.645	.196	.025	1472.11	7.84	.000
Education (< HS v. HS)	-4.866	3.252	-.038	.025	1471.45	-1.50	.135
Education (Some College v. HS)	-1.595	1.048	-.063	.041	1466.32	-1.52	.128
Education (Bachelor's v. HS)	-.223	1.169	-.008	.043	1401.14	-.19	.849
Age	.001	.052	.000	.027	1382.86	.01	.989
Year of Death	.519	.213	.061	.025	835.42	2.43	.015
Closeness	2.858	.253	.280	.025	1462.09	11.30	.000

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Previous exposure to traumatic events	.148	.635	.006	.025	1469.86	.23	.816
Previous exposure to other deaths	4.593	1.482	.078	.025	1463.46	3.10	.002
Previous exposure to suicide deaths	.835	.628	.034	.025	1472.93	1.33	.184
Cause of Death (Suicide vs. Accident)	.172	.620	.007	.025	798.54	.28	.782
Service (Air Force vs. Army)	-.452	.771	-.016	.027	666.32	-.59	.558
Service (Marines v. Army)	.004	1.065	.000	.026	969.27	.00	.997
Service (Navy v. Army)	.575	.973	.015	.026	825.53	.59	.555

Table E-24
Resilience Predicted by Cause of Death and Postvention Satisfaction

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	2.857	.201	.000	.000	1474.35	14.24	.000
Postvention Satisfaction	.162	.023	.176	.025	1523.00	7.04	.000
Marital Status (Never Married v. Married)	-.039	.067	-.015	.026	1516.67	-.59	.558
Marital Status (Divorced, Separated, or Other v. Married)	-.100	.066	-.039	.026	1522.76	-1.52	.129
Gender (Men v. Women)	.142	.065	.058	.026	1486.29	2.20	.028
Ethnicity	-.219	.043	-.130	.026	1519.29	-5.10	.000
Education (< HS v. HS)	-.169	.220	-.020	.026	1520.81	-.77	.442
Education (Some College v. HS)	.264	.071	.160	.043	1514.12	3.74	.000
Education (Bachelor's v. HS)	.211	.079	.119	.044	1453.56	2.69	.007
Age	.002	.003	.017	.028	1439.34	.61	.545
Year of Death	.007	.014	.013	.026	874.82	.53	.600

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Closeness	-.014	.017	-.021	.025	1515.70	-.85	.395
Previous exposure to traumatic events	-.085	.042	-.052	.026	1521.89	-2.00	.046
Previous exposure to other deaths	.143	.098	.037	.026	1509.42	1.45	.146
Previous exposure to suicide deaths	-.049	.042	-.030	.026	1522.94	-1.16	.246
Cause of Death (Suicide vs. Accident)	.068	.042	.042	.026	837.49	1.64	.101
Service (Air Force vs. Army)	-.072	.052	-.039	.028	704.64	-1.39	.164
Service (Marines v. Army)	.054	.072	.020	.027	1020.13	.76	.447
Service (Navy v. Army)	.013	.065	.005	.027	871.30	.20	.838

Table E-25
Flourishing Predicted by Cause of Death and Postvention Satisfaction

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	31.253	2.376	.000	.000	1416.53	13.15	.000
Postvention Satisfaction	3.119	.274	.282	.025	1468.99	11.38	.000
Marital Status (Never Married v. Married)	-1.038	.798	-.034	.026	1468.46	-1.30	.193
Marital Status (Divorced, Separated, or Other v. Married)	-2.924	.784	-.095	.026	1471.00	-3.73	.000
Gender (Men v. Women)	-1.674	.769	-.057	.026	1414.93	-2.18	.030
Ethnicity	-.694	.513	-.034	.025	1470.64	-1.35	.177
Education (< HS v. HS)	-3.957	2.767	-.036	.025	1470.51	-1.43	.153
Education (Some College v. HS)	1.632	.846	.082	.043	1461.18	1.93	.054
Education (Bachelor's v. HS)	1.907	.939	.090	.044	1401.91	2.03	.042
Age	.027	.041	.018	.027	1381.37	.66	.509

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Year of Death	.498	.167	.075	.025	842.55	2.99	.003
Closeness	.021	.200	.003	.025	1460.35	.10	.918
Previous exposure to traumatic events	-1.364	.504	-.069	.026	1470.98	-2.71	.007
Previous exposure to other deaths	2.053	1.162	.045	.025	1463.65	1.77	.077
Previous exposure to suicide deaths	-1.324	.499	-.068	.026	1467.46	-2.66	.008
Cause of Death (Suicide vs. Accident)	.391	.488	.020	.025	818.41	.80	.423
Service (Air Force vs. Army)	.552	.606	.025	.028	689.55	.91	.362
Service (Marines v. Army)	-.042	.840	-.001	.026	1015.11	-.05	.960
Service (Navy v. Army)	.651	.765	.022	.026	860.56	.85	.395

POSTVENTION MODELS

Table E-26
First Responder Satisfaction Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	3.040	.916	.000	.000	85.00	3.32	.001
Marital Status (Never Married v. Married)	.140	.345	.047	.115	85.00	.41	.686
Marital Status (Divorced, Separated, or Other v. Married)	.171	.312	.065	.119	85.00	.55	.585
Gender (Men v. Women)	.503	.271	.216	.116	85.00	1.86	.067
Ethnicity	.327	.204	.174	.108	85.00	1.61	.112
Education (Some College v. HS)	-.217	.370	-.128	.218	85.00	-.59	.558
Education (Bachelor's v. HS)	-.024	.381	-.014	.222	85.00	-.06	.951

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Age	.022	.015	.171	.121	85.00	1.42	.161
Year of Death	-.051	.060	-.095	.111	85.00	-.86	.393
Closeness	.007	.061	.013	.116	85.00	.11	.910
Previous exposure to traumatic events	.061	.187	.035	.109	85.00	.32	.746
Previous exposure to other deaths	.422	.436	.107	.111	85.00	.97	.336
Previous exposure to suicide deaths	-.237	.197	-.139	.116	85.00	-1.20	.233
Cause of Death (Suicide vs. Accident)	.265	.198	.155	.116	85.00	1.34	.184
Service (Air Force vs. Army)	-.093	.222	-.053	.127	85.00	-.42	.676
Service (Marines v. Army)	.079	.355	.026	.119	85.00	.22	.824
Service (Navy v. Army)	.016	.269	.007	.121	85.00	.06	.952

Table E-27
Casualty Assistance Officer Satisfaction Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	3.778	.553	.000	.000	241.22	6.83	.000
Marital Status (Never Married v. Married)	.179	.241	.047	.064	255.50	.74	.459
Marital Status (Divorced, Separated, or Other v. Married)	.232	.210	.072	.065	253.10	1.10	.271
Gender (Men v. Women)	-.063	.212	-.019	.066	258.92	-.29	.768
Ethnicity	.235	.128	.118	.064	258.25	1.83	.068
Education (< HS v. HS)	.235	1.020	.015	.064	253.09	.23	.818
Education (Some College v. HS)	.030	.242	.016	.127	258.86	.12	.902
Education (Bachelor's v. HS)	.110	.253	.057	.131	257.24	.43	.665

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Age	-.002	.009	-.017	.066	249.65	-.26	.797
Year of Death	-.005	.042	-.008	.065	180.68	-.12	.902
Closeness	.004	.044	.006	.064	258.94	.10	.923
Previous exposure to traumatic events	.106	.125	.055	.064	257.67	.85	.395
Previous exposure to other deaths	.325	.326	.064	.064	257.96	1.00	.319
Previous exposure to suicide deaths	.051	.127	.026	.066	258.03	.40	.690
Cause of Death (Suicide vs. Accident)	-.119	.123	-.063	.064	170.93	-.97	.332
Service (Air Force vs. Army)	-.092	.166	-.038	.069	116.77	-.55	.581
Service (Marines v. Army)	.120	.203	.040	.068	170.91	.59	.555
Service (Navy v. Army)	-.121	.166	-.050	.068	174.63	-.73	.467

Table E-28
Leadership Satisfaction Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	3.872	.247	.000	.000	1323.19	15.65	.000
Marital Status (Never Married v. Married)	.034	.091	.011	.029	1362.92	.38	.705
Marital Status (Divorced, Separated, or Other v. Married)	-.166	.093	-.049	.028	1362.45	-1.78	.075
Gender (Men v. Women)	.123	.089	.039	.028	1334.49	1.38	.167
Ethnicity	.019	.059	.009	.028	1362.02	.32	.750
Education (< HS v. HS)	-.078	.296	-.007	.028	1360.59	-.27	.791
Education (Some College v. HS)	.056	.091	.027	.044	1355.52	.62	.537
Education (Bachelor's v. HS)	.088	.103	.039	.046	1298.48	.86	.390

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Age	.009	.005	.055	.031	1269.41	1.81	.071
Year of Death	-.022	.019	-.031	.028	757.37	-1.13	.258
Closeness	-.016	.023	-.019	.027	1348.30	-.68	.495
Previous exposure to traumatic events	-.174	.058	-.084	.028	1362.72	-2.98	.003
Previous exposure to other deaths	.173	.132	.036	.028	1357.93	1.31	.191
Previous exposure to suicide deaths	-.081	.057	-.039	.028	1357.06	-1.40	.161
Cause of Death (Suicide vs. Accident)	-.114	.056	-.056	.027	745.84	-2.03	.043
Service (Air Force vs. Army)	.089	.069	.039	.030	628.41	1.28	.200
Service (Marines v. Army)	.001	.096	.000	.029	875.83	.01	.995
Service (Navy v. Army)	-.096	.087	-.032	.029	763.92	-1.10	.270

Table E-29
Death Investigation Satisfaction Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	3.603	.248	.000	.000	888.90	14.54	.000
Marital Status (Never Married v. Married)	.067	.090	.026	.035	907.73	.75	.455
Marital Status (Divorced, Separated, or Other v. Married)	-.073	.096	-.026	.034	904.45	-.76	.447
Gender (Men v. Women)	.031	.089	.012	.035	898.23	.35	.725
Ethnicity	.042	.058	.024	.034	906.59	.72	.474
Education (< HS v. HS)	-.305	.385	-.027	.033	907.99	-.79	.428
Education (Some College v. HS)	.107	.089	.063	.052	901.92	1.20	.230
Education (Bachelor's v. HS)	.197	.101	.107	.054	869.21	1.96	.050

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Age	.006	.004	.045	.036	814.12	1.25	.211
Year of Death	-.005	.020	-.009	.034	596.39	-.26	.796
Closeness	.037	.022	.056	.033	907.72	1.67	.095
Previous exposure to traumatic events	-.133	.059	-.077	.034	903.76	-2.26	.024
Previous exposure to other deaths	.167	.146	.039	.034	899.41	1.14	.253
Previous exposure to suicide deaths	.078	.057	.046	.034	908.00	1.36	.176
Cause of Death (Suicide vs. Accident)	-.158	.057	-.093	.033	542.52	-2.77	.006
Service (Air Force vs. Army)	.102	.074	.047	.035	489.30	1.37	.171
Service (Marines v. Army)	-.005	.105	-.002	.035	609.42	-.04	.964
Service (Navy v. Army)	.139	.092	.052	.034	507.23	1.52	.129

Table E-30
Funeral/Memorial Service Satisfaction Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	2.816	.355	.000	.000	636.36	7.93	.000
Marital Status (Never Married v. Married)	.175	.122	.057	.040	595.51	1.44	.152
Marital Status (Divorced, Separated, or Other v. Married)	-.157	.122	-.051	.039	631.50	-1.29	.198
Gender (Men v. Women)	-.045	.115	-.016	.040	626.98	-.39	.697
Ethnicity	.050	.084	.024	.040	632.68	.60	.547
Education (< HS v. HS)	.862	.709	.048	.039	613.86	1.22	.224
Education (Some College v. HS)	-.107	.138	-.053	.069	632.56	-.77	.440
Education (Bachelor's v. HS)	.231	.152	.110	.073	626.89	1.52	.129

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Age	.006	.007	.037	.044	635.34	.84	.401
Year of Death	.056	.028	.083	.041	487.65	2.01	.045
Closeness	-.022	.030	-.029	.039	637.56	-.73	.465
Previous exposure to traumatic events	-.196	.080	-.096	.039	617.15	-2.46	.014
Previous exposure to other deaths	.292	.199	.057	.039	621.00	1.47	.142
Previous exposure to suicide deaths	-.082	.078	-.041	.039	628.57	-1.04	.297
Cause of Death (Suicide vs. Accident)	-.127	.082	-.064	.041	465.60	-1.56	.121
Service (Air Force vs. Army)	.056	.100	.025	.045	422.39	.56	.575
Service (Marines v. Army)	.040	.134	.013	.044	503.11	.30	.764
Service (Navy v. Army)	-.009	.134	-.003	.043	450.28	-.07	.947

Table E-31
Follow-on Services Satisfaction Predicted by Cause of Death

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Intercept	4.051	.433	.000	.000	378.91	9.35	.000
Marital Status (Never Married v. Married)	.198	.155	.068	.053	382.68	1.28	.202
Marital Status (Divorced, Separated, or Other v. Married)	-.287	.150	-.098	.051	382.98	-1.91	.057
Gender (Men v. Women)	-.096	.126	-.040	.053	380.25	-.76	.449
Ethnicity	-.106	.092	-.059	.051	381.90	-1.15	.252
Education (< HS v. HS)	-1.380	.419	-.171	.052	378.01	-3.30	.001
Education (Some College v. HS)	-.081	.145	-.044	.080	380.80	-.56	.579
Education (Bachelor's v. HS)	-.040	.159	-.020	.081	380.13	-.25	.800

Variable	b (Unstd)	SE (Unstd)	B (Std)	SE (Std)	*df*	*t*	*p*
Age	.008	.007	.057	.055	380.46	1.03	.305
Year of Death	-.028	.032	-.044	.051	335.92	-.87	.388
Closeness	-.017	.037	-.023	.052	382.86	-.45	.650
Previous exposure to traumatic events	-.176	.098	-.090	.050	373.40	-1.80	.073
Previous exposure to other deaths	.246	.249	.051	.051	377.95	.99	.322
Previous exposure to suicide deaths	-.120	.093	-.066	.052	373.30	-1.29	.200
Cause of Death (Suicide vs. Accident)	.119	.092	.066	.051	323.34	1.29	.197
Service (Air Force vs. Army)	.086	.116	.041	.056	310.37	.74	.459
Service (Marines v. Army)	.119	.163	.039	.053	317.03	.73	.464
Service (Navy v. Army)	.238	.149	.084	.053	344.35	1.59	.112

APPENDIX F:

PSYCHOLOGICAL SCALES CLINICAL SCORES

APPENDIX F

For both the NOK and the unit member samples, the following tables present the number and percentage of individuals responding positively to clinical assessments for depression, PTSD, and complicated grief, as well as general categories for resilience scores. Note that for the PTSD Checklist for the DSM-5 (PCL-5), there are different threshold scores for military and civilian individuals; for fellow unit members, both scoring methods are presented, although the Military scoring threshold is more appropriate for this sample.

Table F-1
Clinical Scores in Next of Kin Sample

	Accident		Suicide	
	N	%	N	%
Depression Symptoms				
None/Mild	104	85.25	42	85.71
Moderate to Severe	18	14.75	7	14.29
PTSD				
Negative Screening for PTSD (Civilian)	103	88.79	46	90.20
Positive Screening for PTSD (Civilian)	13	11.21	5	9.80
Complicated Grief				
No Complicated Grief	78	65.55	24	50.00
Complicated Grief	41	34.45	24	50.00
Resilience				
Low Resilience	36	27.91	14	27.45
Normal Resilience	72	55.81	33	64.71
High Resilience	21	16.28	4	7.84

Table F-2
Clinical Scores in Fellow Unit Member Sample

	Accident		Suicide	
Depression	N	%	N	%
None/Mild	901	90.37	882	91.21
Moderate to Severe	96	9.63	85	8.79
PTSD				
Negative Screening for PTSD (Military)	901	98.36	881	98
Positive Screening for PTSD (Military)	15	1.64	18	2
Negative Screening for PTSD (Civilian)	859	93.78	842	93.66
Positive Screening for PTSD (Civilian)	57	6.22	57	6.34
Complicated Grief				
No Complicated Grief	919	97.15	914	97.34
Complicated Grief	27	2.85	25	2.66
Resilience				
Low Resilience	69	7.19	71	7.64
Normal Resilience	552	57.56	506	54.47
High Resilience	338	35.25	352	37.89